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THE AMERICAN

MEDICAL MONTHLY.

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ESSAYS, MONOGRAPHS, AND CASES

Abortion: A New Method of Treatment. Read before the December Session of the "Montgomery County Medical Society." By H. Gatch Carey, M.D., Dayton, Ohio.

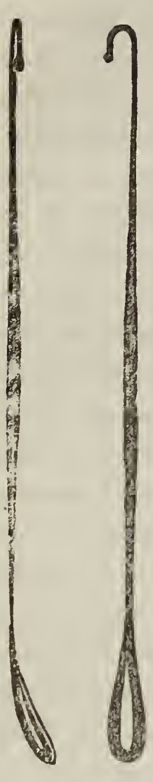
Abortion consists in the expulsion of a fecundated ovum from the cavity of the uterus at some period prior to the termination of the sixth month. The process may, and occasionally does, take place without involving any considerable pain or risk to the mother. Some females repeatedly lose the fruit of conception during the early months of pregnancy, with little more suffering and loss of blood than are incident to ordinary menstruation. But this is not the rule upon this subject; indeed, they rarely enjoy such immunity. On the contrary, this accident is occasionally fraught with the most disastrous consequences to the health and life of the female. Hour after hour, and day after day, are often spent in painful watching on the part of the patient and her attendants, while, in defiance to the best directed efforts of the skilled physician, the ovum still is retained, and the life-blood continues to well out through the divided vessels of the utero-decidual connection, until death, perhaps, finally closes the scene. Between these two extremes, there is almost an interminable difference in the degree of danger attending abortion.

I do not propose to dwell upon the predisposing and exciting cause of this difficulty, the frequency of its occurrence, or the best acknowledged methods of treatment. These are supposed to be familiar to every intelligent member of the profession, and, therefore, not called for in this place. My remarks will be confined chiefly to that period or condition of pregnancy in which the ovum derives its nourishment from the mother, mainly through the medium of the deciduous membrane.

A period often arrives in the treatment of abortion, when all hope of saving the life of the embryo has vanished, and when its longer delay in the cavity of the uterus emperils the life of the female, by perpetuating hemorrhage. There is here but one indication, and that is palpable, even to the tyro in the obstetric art. The ovum and its envolucra are the great sources of trouble, and they must be got rid of, or the life of the female will inevitably pay the penalty of delay. During the early stages of utero-gestation—within three and a half months—the condition of the uterus generally presents insurmountable obstacles in its unyielding os and parietes and small cavity to manual delivery of the ovum. Occasionally it is possible to introduce a finger and turn the embryo from its bed in the womb, and thus speedily put an end to the flooding; but this cannot often be performed without inflicting unwarrantable violence upon the uterine structure.

The uncertainty of ergot in exciting uterine action has inspired in the professional mind a feeling of distrust, in reference to its efficiency in these cases. The practioner instinctively turns from it in quest of some other agent more worthy of confidence. The placental hook is of little value at this early stage of pregnancy, on account of the delicate nature of the structure sought to be extracted. When introduced it presses through the semi-organized mass, meeting with little more obstruction than might be anticipated from a firm coagulum. Whatever value this instrument may enjoy at more advanced stages of pregnancy, it certainly is quite valueless at the period under consideration, as an extractor. Various species of forceps have been contrived for the purpose of removing the embryo from the cavity of the uterus, and some of them may be used with success in certain conditions of the maternal soft parts; but this result is far from being uniform. The only means left the practitioner is to securely plug the vagina, and patiently await the spontaneous action of the uterus inrelieving itself of the offending mass. This, as a general remark, will eventually be accomplished by the action of its fibres, or by maceration and decomposition. Days and weeks are, however, often occupied in the completion of these processes, and they are fraught with constant suffering and peril to the patient. So long as any portion of the deciduous membrane remains partially attached to the uterus, so long will hemorrhage be liable to recur whenever the mechanical obstacle is removed from the vagina, which prevents a free discharge of blood.

The horizontal position, quiet, cold, astringents, anodynes, ergot, the finger, placental hook, and forceps, have all perhaps been used in turn, and failed to relieve the patient. Nothing but the tampon stands between her and death ; and when this is removed to cleanse the passage of decomposing blood and excretions, hemorrhage returns. In this extremity the question naturally arises : Can anything else be done that promises relief from this state of peril and anxious suspense ? I answer in the affirmative. *Separate the decidua from all vascular connection with the uterus, and the work is performed.* This operation can always be performed successfully, and whenever the usual means for relieving the patient have failed, and flooding persists, it is justifiable. No good can result by longer delay. All prospect of saving the ovum has passed and the security of the mother must now exclusively engage the attention of the accoucheur. The tampon is efficient in controlling hemorrhage when judiciously applied ; but it is a constant source of mechanical irritation to the soft parts, and when continued for any length of time, which often is necessary, it is sufficient to superinduce fatal inflammation in certain constitutions. The persistent drain of the fluids of the body through the uterus, and the absorption of poison from this cavity and vagina, generated by the decomposition of blood and excretions which have been prevented from escaping, through the intervention of the tampon, are prone to engender enema, and lay the foundation for incurable diseases. Then too, the female is in a constant state of trepidation and fear, as long as she remains undelivered. The sooner, therefore, she can be relieved from this source of local irritation, constitutional drain, and mental apprehension—to say nothing of the trouble and inconvenience that such cases often impose upon the attending physician—the better ; provided it can be accomplished without disturbing the physical integrity of the womb.



Front and Lateral View of Instrument one-third real size.

The instrument by which it is proposed to separate the decidua from the lining membrane of the uterus is quite simple. It consists of a shaft eight or nine inches in length, with an oval claw upon one extremity and a placental hook upon the other. It should be constructed of iron or soft steel and be well polished. The shaft ought to have a diameter of one-third of an inch in the centre, and taper to one-fourth at the extremities. The claw should not exceed half aninch in breadth, and should have a fenestra of half its extent. This extremity should be slightly curved in order that it may be applied with greater ease to the concavity of the uterus. This inclination will also assist the operator in turning the embryo from the cavity of the womb, when it is separated. To the other end of the shaft is attached the placental hook, fashioned after Dewee's model. For all practical purposes, when the above instrument is not at hand, one can readily be constructed from a piece of iron or steel wire with the temper drawn, by bending an oval loop on one extremity. A large sized knitting-needle answers for this quite well.

The instrument thus formed is to be grasped by the hooked extremity, and have the other directed by an index finger into the os, from whence it is to be carried to the fundus of the organ, aiming to make it glide between the decidua and uterus in its passage. From this position the instrument is made to sweep the entire cavity of the organ, the motion by which it is effected being slow and gentle. After this is done, the instrument may be made to revolve upon its long axis. One or both of the foregoing motions may be repeated until the operator is satisfied that all vascular connection between the deciduous membrane and the cavity of the uterus is effectually severed. He may satisfy his mind upon this subject by the absence of hemorrhage. If blood continues to pass from the os uteri, the work is not completed and must be re-performed. Efforts may now be made to extract the ovum by using the instrument as a scoop. Failing to accomplish the desired object, the tenaculum may be tried. If, however, gestation has not advanced farther than the first or second month, the foregoing process of separation will so have broken down the delicate structures contained in the uterus that little will be left for extraction by the hook. If hæmorrhage should be alarming at the beginning or during the progess of the operation the finger should be introduced into the os alongside the shaft of the instrument, thereby precluding further loss of blood, without materially embarrassing the operation. Indeed, the finger thus situated, will often facilitate and hasten the operation by fixing the womb.

After the decidua is separated from the lining membrane of the uterus, the great object of the operation is accomplished. Hæmorrhage effectually ceases. If the embryonic structure cannot be removed by instrumental means, those who have confidence in the action of ergot may still prescribe this remedy. The repeated subdivisions and comminutions to which the embryo is generally submitted in this operation, will, if it cannot be extracted, greatly hasten its maceration and discharge. In dispensing with the tampon the discharges from the uterus will find a ready exit, and this may be hastened by the frequent use of some detergent wash. This agent—the tampon—should not be entirely omitted immediately after the operation, unless the operator is clearly convinced that the utero-decidual connection is completely divided.

I will detail four of the twelve cases which have been treated in the above manner by me. They are presented just as they occurred in practice, and not selected because the most successful. They give a fair idea of the success and facility of the operation.

Mrs. W., aged 28 years, robust, has aborted four times during the past two years; was not confined to her bed longer than twenty-four hours with either. Yesterday, September 10th, 1856, was seized with uterine hæmorrhage at the end of the second month, which increased up to the present hour, 8 P. M., when syncope supervened. The os was dilated so as to admit the index finger as far as the second joint. The embryo was not within the range of touch. Hæmorrhage persisted, and syncope returned every few moments, despite the free use of cold to the abdomen and genitals, a dependant position of the head, and stimulants internally. Delay promised an increase of danger. I inserted my left index finger into the os and there retained it until an instrument could be prepared from a knitting-needle, which was at hand. With this I soon succeeded in separating the attachments of the decidua from the uterus, when flooding ceased. I then extracted several segments of what I supposed to be portions of the original ovum; applied the tampon, and after rendering my patient as comfortable as possible, left her for the night. On my return next morning, I learned that there had been no reäppearance of the hæmorrhage. The patient convalesced rapidly, and at the end of five days was up and about the house. A discharge kept up from the vagina about a fortnight. The tampon was used merely as a precautionary measure in this case, as it was impossible for me to remain any length of time with the patient.

Mrs. L., aged 24 years. Sept. 26th, was attacked with uterine hæmorrhage at two and a half months from last menstrual period. Had been under treatment by her physician for three days for abortion, and lost in all about three pints of blood. When I first saw her the pain and flooding were considerable, os uteri patulous; embryo could be felt, but not controlled by the finger. Enjoined recumbent posture, quiet, cold to the genitals and abdomen; applied the tampon and gave full doses of sugar of lead and morphine. At the end of eighteen hours, on removing the plug I found a portion of the ovum occupying the os. In attempting to get behind it with my finger, the projecting portion gave way and flooding returned. I immediately resorted to the use of the instrument above described and in the manner pointed out, and in a few moments succeeded in extracting a greater portion of the embryonic substance, after which there was no return of flooding. Convalescence was rapid.

Mrs. S., aged 37 years; was seized, after a protracted period of deep mental affliction, with uterine hæmorrhage, Oct. 9th, at 9 A. M. I saw her at 5 P. M. of same day, and found her almost pulseless, with the bed and clothing saturated with blood, and a pool eight inches in diameter upon the floor, which had passed through the couch. The physician who preceded me in the case applied the tampon and left several potions of Dover's powder. The former, on account of its size, was inoperative. As soon as an instrument could be prepared, it was introduced, and in ten minutes I succeeded in separating the utero-decidual connection, when hæmorrhage ceased. This patient being two miles in the country, I adjusted the tampon, but there was no return of the flooding. The exhaustion which ensued from the great loss of blood in this case, compelled the patient to keep her bed for ten days or two weeks, during which time there was considerable discharge from the vagina of a sanguino-purulent character. I never was satisfied that any portion of this ovum or its envolucra was extracted in the operation.

Mrs. Z., aged 27 years, was taken with what she supposed to be menstruation, it being the time for her regular period, Oct. 20th, and continued to waste during most of the week, without much pain attending it. Oct. 25th, was seized with profuse flooding and severe pain in the back, and in a few hours passed an oval, fleshy substance, the size of a small hen's egg, which she considered an abortion. This occurred at 10 P. M., and hæmorrhage continued until 2 A. M. next morning, when syncope came on and returned frequently during the after part of the night and fore part of the morning. Her physician saw and prescribed for her during this and the subsequent day, when the flooding in a great measure ceased. Feeling quite comfortable and supposing the difficulty was over, on the 28th, with her medical adviser's permission, went down stairs and superintended her domestic affairs, until the 31st, upon the night of which day flooding returned and continued until I saw her, Nov. 1st, 8 A. M. I found her laboring under great trepidation, pale, pulse 135, small, quick, great thirst, cool skin, &c. An examination per vaginam disclosed this passage filled with clots of blood, the os uteri patulous, into which the index finger of the left hand readily passed to the second joint. The embryo could be felt entire, around the lower portion of which the finger readily passed. Hæmorrhage persisted. I introduced the instrument in the manner above detailed, and in a few moments succeeded in detaching and extracting the embryo and its investing membranes. The decidua and chorion were ruptured, as the specimen shows. That portion of the former which is absent, adhered to the uterus quite tenaciously.* When this was removed flooding immediately ceased, and the patient soon became comfortable. During the afternoon of this day there was slight febrile reaction, which yielded in twelve hours to Spirits of Nitre and paregoric.

The foregoing cases, excepting the second, had all advanced to that stage, when longer delay threatened the life of the female. The embryos were unequivocally lost. Had these patients been seen by me at their commencement, all the preventive means of abortion would have been put in requisition, and they failing to secure the desired object, the instrument would have been resorted to as the only agent left for terminating the case speedily, and with safety to the mother. I will here take occasion to say, as explanatory of the course of medication adopted in *Case No.* 2, that in the treatment of abortion, I always act upon the supposition, that the embryo can be saved. Profuse hæmorrhage and severe pain do not deter me from the use of preventive means. I believe that the ovum is often lost by abandoning the use of remedies too soon, which are calculated to arrest hæmorrhage and restrain uterine action, and the premature resort to the tampon.

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* The members of the Society will not fail to observe how perfectly the specimen is preserved, retaining all the original shades of color of the decidua and the shining, flossy radicals of the chorion. The preparation exhibits a striking contrast with those of the same tissues submitted to the inspection of the members a few months since by me, which were preserved in alcohol. The preservative in this instance is Goadby's Solution, which consists of Rock salt ℥ii.; Nitrate of Potash—to preserve the color—ʒij.; Corrosive Sublimate, gr. ¼; boiling water, ℥iv.; M. and filter. If it is not important to preserve the color, the Nitrate of Potash may be omitted.

The questions naturally arise, if the separation of the deciduous membrane from the mucous lining of the uterus is practicable at all times during the early months of pregnancy, safe to the mother, and efficient in arresting hemorrhage at what stage of the case, is the practitioner justifiable in resorting to it? And what are the indications demanding this operation? To the first interrogation I would say, that the operation is not admissable so long as there is a shadow of hope of saving the life of the new being. I believe that it is acknowledged to be sound doctrine in obstetrics, never to resort to the use of the tampon, as long as there is any prospect of preserving the ovum, and that the latter is only occasionally saved alive, when there is sufficient flooding to warrant the interposition of any mechanical means to stay the wasting. The use of the instrument will therefore, as a general thing, antedate the tampon. Again, we are assured that the embryo is much more readily expelled by the uterus with its surroundings entire, than in detached portions. Unless the safety of the mother demanded immediate delivery, the instrument should not be used until a certain length of time has transpired after the ovum is supposed to be lost in the use of those means best calculated to restrain external hæmorrhage, and secure the expulsion of the ovum entire. The only rules which I can lay down, must be drawn from the condition of each individual case. When the life of the ovum is despaired of, the health and life of the patient put in jeopardy by profuse hæmorrhage or protracted wasting, and the usual means for controlling these conditions have been put in requisition with commendable perseverance and failed, I would say that the instrument should then be resorted to without the loss of further time.

The practicability of separating the decidua from its vascular attachments with the uterus at any period desirable, is unequivocal. If the operation is demanded during the first month of gestation, or at a more advanced period when the os is undilated, the instrument should be fashioned to correspond with the entrance into the uterine cavity. When introduced, no great difficulty will be encountered in dividing the utero decidual connection. Under no circumstance should the least violence be done to the integrity of the uterus, as the operation can be performed successfully, without any mechanical injury being done to this organ. The risk of wounding any portion of the uterine structure with this oval polished instrument, is certainly far less than in the employment of the placental hook or forceps. Unless the finger can be introduced into the cavity of the organ, the former is constantly liable when used of attaching itself to the soft parts of the mother. This can only be ascertained by the unyielding nature of the substance upon which the tenaculum has fixed itself. And the amount of dilatation of the uterus requisite to ensure the free and successful use of the forceps in the early stages of pregnancy, cannot but result in detriment to the mother. I have carefully noted the condition of the female in all these cases treated by me after this method, and in none was there present any undue tenderness of the abdomen or uterus that could be referred to the use of the instrument.

The anatomical condition of the uterus and decidual lining during the first months of gestation, will aid us in explaining the manner in which separation of the latter from the former, acts in arresting hæmorrhage proceeding from these parts. During the process, or immediately after conception, changes of a very remarkable character are set up in the interior of the uterus, the object of which appears to be the temporary support of the ovum. The follicular structure lining the uterus undergoes a rapid development, which finally results in the formation of what was formerly supposed to be an adventitious membrane ; but which has recently been demonstrated by Profs. Sharpey and Webber, to be the inner surface of the mucous membrane of the uterus proper. This is known as the decidua vera. On arriving at the uterus, the impregnated ovum, surrounded exteriorly by the chorion, passes directly into its cavity and decidua also—the latter still being an integral portion of the former, and becomes imbedded in a nidus of nucleated cells, with which this organ is filled. These latter, which have been poured out by the uterine glandulæ, supply a pabulum of subsistence to the ovum, until the radicles of the chorion form an attachment with the decidua. Soon this latter object is effected, and then commences the process of forming the decidua reflexa, which Hunter and many modern physiologists believed to be a simple duplication, or reflected condition of the vera. The villi of the chorion in impinging upon the decidua vera, excite in the latter, increased nutrition and development, at this particular point. Rank cell growths spring up from this basement membrane and spread over the surface of the ovular mass, until they entirely envelop it, and meet on the opposite side, where they unite with each other, forming a complete shut sack, embracing the ovum. This process has been described by M. Coste, to resemble fleshy granulations growing up around a pea situated in a caustic issue. At the end of the third month, the ovum has so grown that it fills the entire cavity of the uterus, and the reflexa comes in contact with the vera, throughout its entire extent, when they become almost inseparably united.

A radical and efficient means of arresting the flow of blood proceeding from a partially divided artery, is found in severing its connection completely. When lacerated, this is often sufficient to arrest hæmorrhage from vessels of the diameter of crow's quills, or even larger: 1. By the tonicity and contraction of their coats: 2. By retracting within their sheaths: And 3. In the case under consideration, by the consolidation or contraction of the muscular fibres of the uterus. It is to accomplish these objects jointly, that I propose the operation described in a preceding page. Whether the above, or some other be the philosophy of its successful operation, I am satisfied that it will accomplish the result claimed for it, viz: the arrest of hæmorrhage in abortion, and this is worth a world of speculation.

The practice finds a parallel or precedent, in Prof. Simpson's operation of separating the utero-placental connection, in cases of placenta previa, which now is universally conceded to be sound doctrine and safe practice. He assures us, that in nineteen out of twenty cases in which this operation has been performed by him, the attendant hæmorrhage has either at once been arrested, or it has become so much diminished, as afterwards not to be alarming. If this be true when vessels which have grown into immense sinuses are separated, how much more likely will bleeding stop from channels of minute calibre, when their parietes are ruptured.

There is no direct vascular connection at any period of utero-gestation, between the mother and her offspring or their appendages. By a distinct system of vessels, the blood of each is brought in proximity with that of the other, but at no time do the currents mingle. The minute radicles of the chorion and decidua, project into and are bathed in the vascular streams of each other, like the bronchia of fish in the water of the river ; yet, in both instances, the currents are maintained equally distinct. Each radical or vascular foot stalk, whether of the maternal or ovular appendage, carries with it wherever distributed its own investing membrane and a process of the decidua. It is therefore possible that the latter, or placenta when formed, may be separated from its attachments with the uterus, without even dividing a single arteriole or capillary, and without even spilling a drop of blood. But this result is rarely if ever accomplished during the ordinary process of abortion or parturition. On the contrary, maternal and embryonic vessels are divided, perhaps to an equal extent, from which hæmorrhage will proceed. Or, circumstances such as disease or decay, may by creating a disparity between the tonicity or strength of the vessels in the one, determine the loss of blood entirely from either of these structures alone. When disturbed or lacerated, on account of the rapidity of development going on in these parts during the early months of pregnancy, these vessels pour out from their partially divided trunks, blood in the most profuse manner. So long as this state of imperfect separation continues, hæmorrhages will be copious in proportion to the number of wounded vessels. If medication fails to put an end to this drain upon the system, and the life of the parent becomes jeopardized, she may be safely and speedily relieved by the operation of separating completely the decidua from the uterus.

Is Suspended Animation during Anæsthesia always Attributable to the anæsthetic? By A. L. Carroll, M.D.

This is a question which concerns our profession nearly, and one which deserves serious consideration on the part of the surgeon ; for, if the reply be in the affirmative, it behooves him to ascertain what may constitute a liability in the patient to be thus injuriously affected by the Anæsthetic, and how to avert, if possible, such evil consequence of its administration.

I think it can be shown, however, that a suspension of the vital functions, however difficult to account for on other hypotheses, is not always to be referred to anæsthesia ; and that although, on the principle of "post hoc, ergo propter hoc," the enemies of chloroform and ether persist in ascribing every untoward incident occurring during their dominion to their poisonous qualities, there are some cases whose explanation must be sought on other grounds.

During a somewhat extensive experience in witnessing the effects of anæsthesia, I have seen but three instances in which vitality was suspended while the patients were under the influence of the stupefying agent, and in at least two of these cases, I do not think that the blame can be fairly attached to the anæsthetic. The first case which I shall mention, was that of a lady of this city, mentioned by Dr. A. B. Mott in the corollary on artificial respiration appended to the report of his case of "ligature of the deep jugular vein," in your last issue. The patient was operated on for hemorrhoids. Dr. Alexander B. Mott administered the chloroform, and having thrown the patient into the desired state of insensibility, requested me to continue the effect while he assisted the operator. The lady being sufficiently under the influence of the chloroform, I desisted from its further administration, and removed the handkerchief, the breathing being at this time regular and tranquil, and the pulse about fifty-two or three; altogether, appearances were as favorable as in any instance of anæsthesia I have ever seen. After a lapse of at least five minutes from the discontinuance of the chloroform, both respiration and pulsation suddenly ceased, without any premonitary indication of failure of vital power. Dr. Mott, with instant promptness, resorted to artificial respiration, and saved the patient. Now, in this case, can the phenomenon described be traced to the effect of chloroform? . . I think not; for, in the first place, atmospheric air is confessed to be antidotal to chloroform, and the patient had been, for full five minutes, inhaling copious draughts of this antidote. Secondly, The stupefying effects of chloroform (or ether) are coincident, and increase progressively, with its administration; and we have no reason to suppose that, even denying the counteracting properties of atmospheric air, its influence can become more intense after its inhalation has been discontinued.

The other case to which I have alluded, was that of a gentleman who was operated on for varicocele, and whose timidity induced him to insist upon taking chloroform. I administered a mixture of chloroform and ether,* and upon producing the required effect removed the handkerchief, the state of the patient resembling ordinary tranquil sleep. Here the interval between the discontinuance of the anæsthetic and the cessation of apparent life was still more marked.

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* ℞ Chloroform.
Ether. Sulphuric. aa ℥ij.
M.

I had desisted from administering the mixture before the first incision was made, and it was not until the last stitch had been applied, that, as in the previous instance, the vital functions were suddenly suspended, the patient having in the mean time shown several of the ordinary symptoms of returning consciousness. I succeeded in restoring the circulation without difficulty, by a brief recourse to artificial respiration, and no after consequences manifested themselves.

In this instance, it seems to me to be simply absurd to attribute the suspension of life to the anæsthetic, as such a supposition would include the belief that the influence of the drug, after having nearly ceased (as shown by the patient wincing under the introduction of the stitches, &c.), recommenced, and increased in intensity without a renewal of the cause.

The third case (an infant), I cannot adduce, as I was a mere passive spectator, and my interest in the operative process prevented me from noticing the data of the administration of the chloroform. I merely know that animation was suspended, whether as a consequence of the chloroform or idiopathic, I have no means of deciding. The first two cases, however, seem to me to be sufficiently marked, to draw the attention of the profession to the question at the head of this article ; and if I can succeed in inducing older heads to investigate a problem, which I confess myself incapable of solving, I shall be fully satisfied.

179 Ninth street.

A Case of Ovarian Tumor, containing Hair and Teeth, causing Death by Strangulation of the Alimentary Canal. By D. S. Conant, M.D., Professor of Surgery, etc.

The patient was a negro woman, thirty years of age, who entered the Colored Home of this city Nov. 24th, and died the 27th. Some ten years or more previously, she had noticed a small tumor low down and to the left of the mesian line, which had gradually increased to the present time, when her appearance was that of one in the ninth month of utero-gestation. There was great emaciation, pulse quick and feeble, stomach irritable, and all desire for food entirely gone. The bowels had not been opened for nearly two weeks, which accounts for the condition of the stomach and appetite. Medicines given by the mouth were immediately rejected by the stomach, when stimulating enemata were resorted to, but without effect, and she died on the third day. The autopsy was made by M. E. Thrasher, one of my pupils. The main tumor was bounded by the abdominal walls, to which it was firmly attached in front, covering in behind the small intestines, the cœcum, and ascending colon, and being attached to the transverse and descending colon by its superior and left lateral border, the sigmoid flexure and rectum not being implicated in the mass. The omentum had entirely disappeared. The main tumor was the left ovary enlarged, having for a base a multilocular mass, about the size of a quart bowl; from this base projecting upwards were three lobes each about the size of the multilocular mass, the different compartments of which communicated by means of two small round openings, about an inch and a half in diameter. Each of these compartments contained about a quart of thick lardaceous matter, thoroughly mixed with hair—similar to the mixture of hair in mortar used for plastering. This hair is perfectly developed, with a follicle and sebaceous gland, and grew from the inner surface of the parietes of the tumors. Projecting into one of these compartments from the multilocular base were two processes, containing bony masses irregularly studded with teeth—twenty-six in all—with four or five papillæ, as though in preparation for further developments. There was every variety of tooth found in the under jaw. There were also three very irregularly shaped pieces of bone, and one regular cartilage an inch and three-fourths long, resembling a small humerus. The cells of the multilocular base contained a thick viscid fluid peculiar to such tumors. The three main lobes in their course of development, enclosed a knuckle of the ileum between their outer walls, and so firmly was this embedded in the interspace between the lobes that air could not be blown through after the mass was removed. This knuckle was four or five inches only from the ileo-cœcal valve, and was the immediate cause of death. The left ovary contained half a pint of the thick lardaceous matter mixed with hair. There was an immense number of small tumors in the areolar tissue around this mass, and also in the vicinity of the liver, varying in size from a small shot to a hen's egg. Those in the vicinity of the large mass contained the same materials, and one having no connection except by areolar tissue was lined by a crustaceous deposit, and the hair can be seen growing from its inner surface.

133 FOURTH AVENUE.

On Physiological Glycosuria of Lying-in women, Nurses, and some Pregnant Women. By H. Blot, M.D., etc. Read before the Academy of Sciences, Paris. Translated from the *Gaz. Hebd.*, for the Monthly, by J. H. D.

The presence of sugar in the urine has heretofore been considered as a pathognomonic sign of one of the most serious of diseases—*diabetes.* The numerous investigations I have made will hereafter deprive the sign of a part of its diagnostic value. In fact, these experiments clearly show that sugar exists normally in the urine of all lying-in women, nurses, and of some pregnant women.

To give additional value to these results, I will state that I have been assisted in the chemical portion by M. Reveil, and have frequently consulted M. Berthelot, whose splendid experiments in organic chemistry are well known. Most of the facts, included in this memoir, have been submitted to a large number of physicians, especially to M. Rayer and M. C. Bernard.

In order to prove the presence of sugar in the urine, I have employed every means usually resorted to, to discover sugar in a liquid. They were used as follows :

First.—The urine to be examined was tested by the cupreo-potassic liquor. I have always used that of Fehling, and to avoid all error, the urine was previously purified by the acetate of lead, then by sulphuric acid, to remove every other principle than that of sugar, which might reduce the reägent. In the last half of my investigations this mode of purification was replaced by another more simple and more expeditious, and one often employed by M. C. Bernard in his experiments upon glycosuria, that by filtration through animal charcoal.

As a second reägent I have used the caustic alkaline solutions of potassa and lime, which give with urine decolored by charcoal a beautiful brown color.

As a third means, and one of verification principally, I have employed the fermentation by the yeast of beer, always taking the precaution of making the comparative experiment of the yeast employed either with urine having no sugar or with distilled water, in equal quantities and placed in the same conditions. From the one I have uniformly obtained alcohol, from the other carbonic acid. I have also made use of negative proof, by ascertaining that the remaining liquid did not reduce the cupreo-potassic liquid. Fermentation at a mean temperature of 30° to 35°, required from twelve to twenty-four hours.

Finally, after having concentrated and perfectly discolored the urine under examination, I have found,—for which I am indebted to M. Berthelot—that this urine deviated polarized light to the right.

The important fact which I desire to establish, that is, the existence in the normal or physiological state, of sugar in the urine of *all* lying-in women, *all* nurses, and *some* pregnant women, can therefore no longer be doubted, as the urine presents the four properties which belong only to sugar, namely:

1. Of reducing the cupreo-potassic liquid.
2. Of browning the caustic alkaline solutions of potassa and lime.
3. Of giving by fermentation alcohol and carbonic acid.
4. Of deviating polarized light to the right.

Under what conditions does this physiological glycosuria exist?

In all lying-in women (45 times in 45) it commenced with lacteal secretion. In many women it appears only at this period, in a few it is formed before; but most usually the sugar is very slight in quantity.

While the lacteal secretion continues, sugar continues to pass in the urine, with daily variations still unexplained. When the lacteal secretion is abundant, the proportion of sugar is generally large, and if it be slight, the amount of sugar is small. The examination of the urine then might serve in some respects as a means of judging of the value of a nurse. If the lacteal secretion is diminished, or ceases from any cause whatever, particularly from the development of a morbid condition, the sugar diminishes or completely disappears. If the morbid condition is replaced by health, and the lacteal secretion becomes reëstablished, sugar reäppears. Finally, urine will continue to contain sugar as long as the lacteal secretion persists. I have found very marked proportions in a woman who nursed for twenty-two months (8 grammes in 100 grammes of urine). It is unnecessary for me to add, that all these women, pregnant, lying-in, or nursing, presented no symptoms of diabetes. On the contrary, their urine was generally richer in sugar, according as their health was good, and more nearly approached the normal or physiological state.

When lactation ceases, sugar disappears from the urine, at different periods in different individuals; quicker in those who do not nurse, more slowly in those who after having nursed cease to do so. In the latter especially, the disappearance of sugar presents a few alternations. I have found some one day, and have been unable to detect any the next, while the day after I have again discovered it. But tions. I have found some one day, and have been unable to detect any the next, while the day after I have again discovered it. But the diminution of sugar in very small proportions is constant from the moment that the mammary tumefaction consequent upon weaning ceases.

From what I have stated, it seems to me impossible not to admit that this physiological glycosuria is in relation with the lacteal secretion.

I have said above that the quantity of sugar varies in different subjects and at different periods of lactation. I shall add, that it is usually much less than in diabetes. The quantity that I have been able to detect has varied from 1 to 2 grammes up to 12 grammes in 1000 grammes of urine. I will only remark in this connection, that this quantity was present in the urine passed in the morning, that is to say, in that which perhaps contains the least sugar. However that may be, it is now shown that *the urine of all lying-in women, of all nurses, and of some pregnant women, contains sugar normally.* In the latter class, sugar was formed in about half of those examined. I believe, yet do not state it positively, that this peculiarity is met especially when the sympathetic phenomena of pregnancy in the mammellæ are well marked, and is absent on the contrary, when the mamellæ are indifferent, so to speak, to the changes taking place in the uterus.

This physiological glycosuria being present in the human female, it was very naturally presumed, that it also existed under the same circumstances in the female of the different species of mammiferous animals. I am now occupied with the examination of the urine of animals, and can already report that this phenomenon is found in the cow.

Conclusions. 1. There exists a physiological glycosuria in all lying-in women, in all nurses, and in about *one-half* of all pregnant women.

2. This interesting fact is shown:—

a. By the reduction of the cupreo-potassic liquor.

b. By the brown coloration of the caustic alkaline solutions of potassa and lime.

c. By fermentation, which gives by one process alcohol, by another carbonic acid.

d. By the deviation of light to the right from the plane of polarization.

3. This new function is evidently allied to the lacteal secretion. It diminishes greatly in quantity and even most frequently ceases alto-

gether, the moment that a morbid condition arises. It reäppears with the return of health and the reëstablishment of lactation.

4. Physiological glycosuria exists not only in women, but in the cow.

On Ovarian Cysts. Remarks before the French Academy, by Prof. CRUVELHEIR. Translated from the *Gaz. Hebd.*, for the MONTHLY, by J. H. D.

An encysted dropsy of the ovary, in general terms, is an accidental cystic production, susceptible of an indefinite increase, free upon all sides like the ovary from which it is formed, attached to the body only by a vascular pedicle, itself furnished with a vascular system of new formation; living an existence proper to itself, limited to exhalation, absorption, and nutrition—a parasitic life, independent of general life.

The life of ovarian cysts is parasitic to such a degree, that they most obstinately resist all medication directed against them through the grand passages of elimination of the economy. Cholera, and the most powerful drastic cathartics produce no effect upon ovarian dropsies. There is, therefore, no medical treatment, as M. Trousseau says, against a lesion quite independent of the general economy.

But ovarian cysts do not present always identically the same anatomical condition. The treatment, which should always be surgical, is governed in great measure by the differences in the quality of the liquid contents of the cysts, the disposition of their walls, and their structure.

As regards their contents, cysts may be divided into *serous*, containing a limpid and diversely colored serosity; into *albuminous* cysts, the liquid contents of which resemble the white of an egg; and into *gelatiniform* cysts, the liquid of which is like jelly; a very important distinction in a therapeutical point of view, and which is not always easy to establish *a priori* by the character of the fluctuation.

Cysts, according to their disposition, can be divided into four kinds: *unilocular; multilocular; areolar or vesicular;* and *compound.* The last result from the association of a unilocular with a multilocular cyst, or of the association of one or the other of these cysts with the areolar or vesicular kind. Those cysts which have a fibrous body of the ovary for a support can also be called compound.

As to their structure, ovarian cysts, especially the unilocular, are composed of a fibro-serous sac, completely enveloped by the peritoneum, to which it adheres so closely, that it cannot be separated from it without tearing away a fibrous layer. The internal surface, ordinarily smooth, looks like a serous membrane; it not unusually is seen rough, covered with papillæ, with dense cuticular warty vegetations as hard as corneous tissue. Sometimes cartilaginous or osseous plates are incrusted in the cyst walls. I have always been able to separate these walls into two superimposed layers, between which large veins ordinarily circulate. A variety of unilocular cysts consists of partitioned unilocular cysts, the compartments of which readily communicate.

Among the compound unilocular cysts I will indicate the vegetating cysts, whose internal face offers mammelonated projections, sometimes very voluminous, composed of areolar tissue. When these vegetations have a certain volume, they can generally be recognized before tapping.

The liquid contained in the simple or partitioned unilocular cysts, is most ordinarily serous, but at other times it is stringy, viscid, like the white of an egg, so much so that its evacuation can only take place by means of a very large canula, and in certain cases is even impossible.

The structure of the areolar cyst is curious. The ovary is transformed into an areolar mass with communicating meshes, filled with an albuminous matter, sometimes stringy like the white of an egg, sometimes presenting the consistence of honey, at other times the appearance of a jelly. These qualities explain why the liquid runs out only partially, or not at all, through the puncture in the cyst. Upon the cadaver even, it is only by means of direct pressure in the region of the incisions, that a certain quantity can be obtained.

The liquid of the multilocular cysts is often serous; but it has seemed to me that it oftener presented the viscid character, than that of the unilocular variety.

The multilocular cysts conduct by insensible degrees to the vesicular cysts, which I regard as a variety of the areolar cysts.

The practical sequences of these anatomical facts are as follows:—

The first is that there are two orders of cysts; the one marked by the seal of incurability; the other curable.

The kinds absolutely incurable are:—1. Areolar cysts, the incurability of which does not depend upon their nature, which is not at all cancerous (although the variety of cysts with very close meshes greatly resembles the areolar or gelatiniform cancer) ; but this incurability is due to the viscidity, to the non-fluidity of the albuminous or gelatiniform matter which fills their areolæ. 2d. The vesicular cysts, also filled with viscid liquid.

In these cases, there is no palliative treatment : tapping produces nothing or almost nothing. There is no curative treatment, for there is only one means of cure,—extirpation, and I do not think that that hazardous operation should be cited in science. Success does not always justify rash undertakings.

3. The multilocular cysts, with very numerous and non-communicating sacs, with contents almost always albuminous, are also incurable.

The only kind susceptible at the same time of a palliative and of a curative treatment, are the unilocular, which fortunately are the most common.

The therapeutical problem of dropsies of the ovary should be enunciated in the following terms : Are unilocular cysts susceptible of a curative treatment, and what is that treatment?

The rule which I have heretofore followed, which was taught me by my masters, is, to put off as long as possible the first tapping ; for one puncture soon necessitates another, and they succeed each other with a rapidity increasing with the frequency of the repetitions, the patients finally become exhausted and die. This postponement of the first puncture was an invariable rule, the more so as this operation is far from being always harmless ; besides, some unilocular cysts may remain stationary, while there are some which retrograde or even are cured by a kind of absorption. I add that there are cysts which may be called *flaccid*, because they offer the softness of a sac incompletely filled ; they are compatible with long life. I have seen one at La Salpêtrière which was thirty years old. The venerable Lallemand constantly refused to operate upon it.

Until recently art offered to those women affected with ovarian cysts only the palliative treatment.

Cure was the exception. It took place when a spontaneous inflammation, or an inflammation provoked by tapping, extended to the tumor. Where is the practitioner who has not lamented this insufficiency of the art in presence of a lesion, which is not incurable on account of its nature, which is developed in youth as well as in adult age and in old age, and is always a very great infirmity?

I attended a young girl seventeen years old, otherwise in excellent health, for a flaccid cyst of the ovary. This year even, I have been consulted by two young persons, one nineteen years old, the other twenty-one: one has a unilocular cyst: the other appears to me multilocular; both albuminous.

The time has arrived to decide if the curative treatment is admitted by art, and what is this treatment?

With M. Trousseau, I have heretofore recoiled before all attempts at radical cure. A difficult operation for a serious disease, is one thing, quite a different thing is a serious operation performed for a lesion which is compatible with long life. I have never yet advised a female to submit to the curative treatment. But a sufficient number of facts have been collected to modify my views upon this subject. The authority of M. Jobert, who has injected iodine thirty times into ovarian cysts without accident, has strengthened my conviction upon the harmlessness usually attending these injections.

Before the sitting of the Academy, M. Nelaton told me he had also used the iodine injection ten or twelve times for ovarian cysts. He has had four cures, but of cysts, whose contents were purely serous. The six or eight other cysts which contained an albuminous liquid, have resisted injections of all kinds.

The curative treatment should then hereafter enter into practice. But what are its conditions? What are its limits? There lies the question.

The unilocular cysts, the multilocular cysts with communicating cells, and the multilocular cysts with non-communicating cells, in which there is a predominance of one, two, or three sacs, are the only ones which allow of a curative treatment. A great obstacle to all curative methods is the morbid structure of the walls of the cyst, the facility with which the inflammation of the serous, or accidental fibro-serous tissue terminates in suppuration or even in gangrene. In dropsies of serous membranes, in hydrocele, for example, the serous membrane tends essentially to adhesion. In dropsy of the ovary, we have an accidental fibrous tissue to act upon, which has so feeble a vitality, that it can hardly suffer the process of inflammation. The following facts will never escape my memory. In 1831, a young woman twenty-six years old, a mother of three children, consulted me for an enormous cyst of the ovary; otherwise she had excellent health and a strong constitution. I detected an unilocular serous cyst. The advice of M. Recamier, that of M. Jadioux, and my own was to defer the operation of tapping as long as possible. But soon the condition of the patient was aggravated, it was necessary to decide. Twelve hours after the operation, which presented nothing particular, and which gave a perfectly limpid serous fluid, there was a severe chill, excessive abdominal pains, dejection of countenance, miserable pulse, a cold sweat, cyanosis, and death in forty-eight hours. At the autopsy, in place of a subacute peritonitis, diagnosticated by my *confreres* as well as myself, we found a gangrenous inflammation of the walls of the cyst. The peritoneum was intact.

In another case, an English lady forty-five years old, I had diagnosticated an unilocular albuminous cyst, and anticipating a great viscidity of the liquid, I had deferred the operation of tapping as long as possible. As in the preceding case, it became indispensable. M. Pinel-Grandchamp performed it in my presence. The liquid had a little more consistence than the white of an egg, and only ran out slowly and in a dribbling manner. Scarcely two litres were obtained in half an hour, when M. Pinel thought by injecting warm water he might dilute the fluid, and thus hasten its discharge. The albuminous fluid did not flow any faster nor slower than previous to the injection. Several hours passed before the tumor was reduced a third or a quarter of its volume. Our *confrere* thought it better to desist at this point. The next morning, there was a severe chill, dejection of countenance, cold sweat, excessive abdominal pains, and death in forty-eight hours. It is impossible to say what effect the injection of warm water had upon the sad result of this disease. I am disposed to believe that it was not altogether foreign to it.

In a third case, in a woman twenty-five years old, who had never had any children, the operation becoming indispensable, the idea suggested itself of trying the radical cure by leaving the canula of the trocar in the opening ; but at the end of three hours, the patient complaining of a severe pain in the abdomen I withdrew the canula. The symptoms of peritonitis, or rather those of inflammation of an ovarian cyst extremely intense, were not long in appearing, and the patient died the fourth day. An autopsy was denied.

The simple operation of tapping an ovarian cyst is not then, a slight affair, as the statistical tables presented by M. Trousseau show.

What a contrast between these statistics and the affirmations of him among our young *confreres* who has attached his name to the treatment of ovarian cysts by iodine injections! Tapping, or successive tapping, followed by iodine injections, properly practiced, says he, do not present the least danger, whether the cysts be simple or complicated.

So great confidence, even in relation to complicated cysts, is far from encouraging me, unless we admit that iodine injections, instead of adding to the seriousness of the operation, have the wonderful property of neutralizing its effects.

Still, death as a consequent of simple tapping is the exception. The three disasters I have cited are the only ones I have seen in my practice. In the great majority of cases, tapping is very well borne. It seems, even, that tolerance of the operation increases with the frequency of the operation. I will add that the consecutive cystic inflammation has often been efficaciously combated, and even that there are examples of definitive cure, where the inflammation of the cyst, provoked by the operation, has terminated by adhesion.

The radical cure is not an absolute necessity. It is doubtful if it will be accepted for a long time by practitioners, unless a way is found of retaining the inflammation induced, within the bounds of adhesive inflammation.

M. Briquet has frequently injected, or caused ovarian cysts to be injected with iodine. Several times he has allowed the canula to remain, and almost always, especially in the case where the canula has been retained, the suppuration of the cyst has destroyed his hopes.

The following are the conditions in which the radical cure appears to me susceptible of being adopted. 1. I would try it only in serous unilocular cysts. I distrust the albuminous cyst, not only on account of the quality of the liquid, but on account of the organization of the cyst, which seems to me more morbid than that of serous cysts. 2. I should take into account the age of the patient, her constitution, her social position, the wishes of the family, to whom the whole truth, and the chances of a very simple operation which, nevertheless, greatly exposes the life of the patient, should be told.

Should the proper time for the radical cure be deferred as long as possible from the first appearance of the cyst? Is it better to wait until the tumor has acquired a large size?

Doubtless, theoretically, there would be an advantage in operating while the cyst is small, for then the inflammation would occupy a smaller surface. But, practically speaking, who would dare to propose an operation which might cause death in a few days, — in twenty-four hours,—to a young person—a young woman—having every appearance of health, for a local lesion which as yet causes neither trouble nor pain, which interferes with no function,—not even menstruation, — for an inoffensive cyst, which may remain stationary? The proper time for resorting to the curative treatment of ovarian cysts is that when the palliative treatment has become necessary on account of the large size of the cyst, and the disturbance it produces in all the functions.

The two methods to choose from (tapping with iodine injection, or by allowing the canula to remain in the opening) have the same end—adhesive inflammation of the walls of the cyst. The danger to fear is the excessive inflammation of the cyst, or of the peritoneum.

I believe that almost always the accidents due to the inflammation of the cyst are referred to the peritoneum, and that peritonitis resulting from tapping, is infinitely rarer than it is generally said to be.

Gangrene of the cyst is rare. The great danger—the ordinary danger — is suppurative inflammation, which ends by cure only in extraordinary cases.

The choice of the fluid to be injected is of great consequence. In the present state of science, I know of no liquid better calculated to induce adhesive inflammation than the alcoholic tincture of iodine. The iodine preparations are, in addition, the most powerful antiseptics.

The observations of M. Boinet establish the fact that sometimes one single operation, followed by an injection, has effected a cure; that other times it has been necessary to repeat it, which is inconvenient. But it is not impossible that there may have been some haste in repeating the operation, when a little longer time would have been sufficient for the spontaneous absorption of the fluid. If the operation requires to be frequently repeated, I should prefer the treatment by permitting the canula to remain, unless it is evident that the presence of the canula would favor suppurative inflammation; in such an event, the ingenious proceeding of M. Barth should be seriously considered.

Conclusions.—1. Encysted dropsies are purely local affections, which only allow of a surgical treatment. It is doubtful whether any medical treatment whatever can exercise the least influence upon their progress.

2. There are dropsies of the ovary which are absolutely incurable, and which allow of neither curative nor palliative treatment; these are the areolar, the vesicular cysts, and the multilocular cysts, with numerous and non-communicating cells

3. There are, upon the contrary, ovarian dropsies, which are susceptible of a palliative, and even of a curative treatment; such are the serous unilocular cysts, the albuminous unilocular cysts, whose contents can be evacuated by tapping, and the multilocular cysts with communicating cells.

4. The compound cysts, in part unilocular, in part areolar or vesicular or multilocular, are only susceptible of a palliative treatment.

5. The object of the palliative treatment is the pure and simple evacuation of the contents of the cyst by tapping. The object of the curative treatment is to determine the contraction and adhesive inflammation of the cyst walls.

6. Tapping, even with a large trocar, being insufficient for evacuating the contents of the cysts, when it is gelatiniform or exceedingly viscid, the incision of Ledran should be substituted with the necessary precautions for preventing the effusion of the fluid into the cavity of the peritoneum.

7 In place of the absolute proscription of all trial of the radical cure of ovarian cysts, established as a rule until lately, should be substituted the serious consideration of the curative means proposed and put in practice.

8 In the present state of science, the curative treatment of ovarian dropsies should be attempted only with great prudence, even under the most favorable conditions.

9. The great danger in the curative, as well as in the palliative treatment, is purulent or gangrenous inflammation of the cyst. The choice of the method to be employed should be influenced by this indication.

10. The proper time for the application of the curative treatment, is when the volume of the cyst commences to interfere with the exercise of the functions.

Hepatitis in the Tropics. Opening of an Hepatic Abscess into the Pericardium. By G. VAN ARCHEN, M.D., Merida, Venezuela, South America. [Read before the N. Y. Medico-Chirurgical Society.]

Hepatitis is without doubt the most common disease in the tropics. The elevated temperature acts as a direct stimulus to the liver and predisposes it to inflammatory action. The lungs are unable to throw off the excess of carbon from the system, and the liver is called into increased action for the purpose of assisting the lungs. Hepatitis in this country,—480 miles north of the Equator—is hardly ever fatal in the acute form; but the disease which annually carries off at least half the number of those that die, is chronic hepatitis, which either proceeds to induration or suppuration, forming enormous abscesses.

About two years ago, I was present at a post-mortem examination when an abscess was found in the liver, containing 3 pounds 7 ounces of reddish pus. The patient died apparently of acute dysentery, and his attending physician never suspected that his patient had a liver complaint. It is astonishing how many people suffer from a nodulated state of the liver, from two to eight different indurations being distinctly felt.

The diagnosis, in cases where an abscess has formed is generally very easy. Percussion establishes the presence of a cavity beyond a doubt, and the stethoscope,—first causing the patient to make a deep inspiration and then to cough suddenly, will convey to the experienced ear the same sound that is heard in excavations of the lungs upon the patient's coughing.

It is almost incredible, the many disguises under which chronic hepatitis shows itself, as if it was trying to avoid the scrutinizing eye of the physician. Some time ago I made what the people called a most miraculous cure of a chronic metritis of four years standing, attended with very abundant vaginal discharges. I knew that all common remedies and local astringents had been used without success, and making a careful examination I found the right hypochrondrium somewhat tender to the touch. Upon this I applied a large mercurial plaster to that region, and ordered every other night for three weeks in succession 3 grains each of blue pill and rhubarb, to be followed the next morning by two seidlitz powders. Very abundant green and blackish stools followed, but no salivation, and at the end of three weeks all the symptoms of metritis had disappeared.

What had caused this obstinate metritis. It was doubtless owing to the diminished excretory action of the liver, and the consequent retention of bile therein, impeding the circulation in the vena portæ. But the most extraordinary case of disease of the liver came to my notice a short time ago.

A lawyer, 28 years old, of a very healthy and taintless constitution, was attacked after a "bachelor's supper," with what his physician called a bilious fever. At the end of two weeks he was able to go about, but still suffered occasionally from either indigestion or slight diarrhœa, evidently of a bilious character. He then travelled for about four months, but returned worse than when he left. One physician after another was consulted, but none relieved him, when, his relations becoming alarmed, a consultation was called. The most ridiculous opinions were brought forward by native practitioners, one believing it to be *all stomach*, and another asserting boldly that it was a cancer of the liver. After a careful examination I came to the conclusion that it was an abscess situated in the upper and concave part of the liver. No other symptom of disease could be discovered; the lungs and heart appeared sound, the tongue was clean, no difficulty in respiration, the pulse 90 in a minute and almost natural. My opinion was accepted by one of the physicians present, but being in the minority, we had to retire.

There being no improvement under the new treatment, I was again called, as well as the physician with whom I had agreed. We determined upon giving two drastic purges composed of blue pill, extract of colocynth and croton oil, with the object of assisting nature if she had already formed adhesions for the purpose of evacuating the fluid. The first purge produced only two or three natural stools; but the second brought away without any pain whatever, at first a liquid looking very much like water, with a few drops of fatty matter floating on the top of it, and afterwards in repeated stools from to 5 pounds of pure pus. This happened in the night, and the next day we saw the patient at ten o'clock, being somewhat behind our usual time. Of course we were delighted with our success, and the patient said he felt like a new man, and was hungry enough to eat half a dozen roast chickens. We allowed him two ounces of roast meat, one of toasted bread, and half a cup of chocolate. After having breakfasted he asked for a small paper cigar, smoked it with apparent delight, spoke with his friends about his plantation, and at midday, complaining of being sleepy, laid down for a nap. At four o'clock we called again, and found the whole family in the greatest consternation. A short time previous some friends had called in, and one of them wishing to ascertain if he was asleep, drew back the curtains and found him dead.

What was the cause of this sudden death? At the autopsy we found the intestines, commencing from below, without a trace of inflammation. The spleen was healthy, but about one inch from the pylorus, the duodenum was firmly adherent to the liver, and in this there was an opening large enough to admit a good sized finger, through which the pus had escaped. There was no sign of active inflammation about the opening, and the liver, which had a cavity in it large enough to contain the head of a full grown fœtus, appeared all around it perfectly healthy. The gall-bladder contained healthy bile.

What was it then that so suddenly carried off the patient? The liver adhered firmly to the diaphragm, and this again to the pericardium, and through this adhesion there was a tortuous channel of the size of a goose quill through which a part of the pus had entered the *pericardium*, while a clot of half organized blood had cut off the communication by being firmly wedged in the channel. The lungs were sound, and so was the subtance of the heart, but in the cavity of the pericardium was found about two ounces of pus, adhering to the pericardium, and of the consistence of fresh cheese. The pericardium was very much inflamed, altered in structure, and covered with exudation, but no adhesions had taken place between the two layers of it.

I would willingly admit, with Dr. William Stokes of Dublin, that this was a case of Pneumo-Pericarditis, as he calls a case in some respects similar to this, mentioned in his excellent work on Diseases of the Heart and Aorta, in which case he supposes the air to have entered from the stomach and through the abscess. But the clot in the channel does not admit of such a supposition; besides, the opening in the pericardium was no doubt several weeks old, while the one in the duodenum occurred only one day before his death.

How then can we explain this sudden death? The inflammation of the pericardium and the pus adhering to it, produced a sudden paralysis of the heart, in consequence of which a pseudo, or real apoplexy resulted, and instantaneous death followed. The vessels of the brain were found highly congested. I have never heard of a case of traumatic pericarditis being so insidious in its course that neither by percussion nor auscultation could the presence of a fluid in the pericardium be detected.

I desire by means of this article to put physicians about to visit the Tropics upon their guard, against this "Chameleon," called Chronic Hepatitis. Upon the authority of several years practice in the tropics, I can assure them that by regulating and reëstablishing the functions of the liver, they can cure four-fifths of the diseases incident to this climate.

REVIEWS AND BIBLIOGRAPHY.

"Nullius addictus jurare in verba magistri."

Clinical Lectures on Surgery. By M. NELATON. From notes taken by WALTER F. ATLEE, M.D. Philadelphia: J. B. LIPPINCOTT & Co. 8vo. pp. 755.

Within the last few years medical books have multiplied with surprising rapidity. These issues from the medical press, have often been of commanding worth, and occasionally of but little practical utility. This rapid multiplication of books, and this diversity of merit, alike give evidence that ours is a reading profession, the members composing which make use of every means and all the literature at their command for their individual advancement. Works upon general principles and special therapeutics; systematic works and works without system, have been published and read with more or less of interest and profit. There is, perhaps, no uniform standard, by which the merit and usefulness of any new issue from the medical press can be adjudged. Velpeau's Operative Surgery and Liston's Lectures on Surgery, have been prepared with dissimilar designs, and cannot be judged by the same standard of merit. Churchill's work on Diseases of Females, and Meig's Letters, and Bedford's Clinical Lectures upon the same subject, present a wider contrast; yet each volume has its respective merits, and its field of usefulness.

The volume before us, as its title indicates, is not a systematic work on surgery; yet, on that account, is no less replete with interest. It is an attempt, by Dr. Atlee, to reproduce the clinical instruction of that eminent surgeon, M. Nelaton, as given in the Clinical Hospital of the Faculty of Medicine, of Paris, during the three years of Dr. Atlee's stay in that city. This volume has been a little more than a year before the profession, and was very briefly noticed in the January number of this journal, for last year; but a new volume, kindly sent us by the enterprising publishers, has induced us to give a fuller analysis of the contents of this very instructive work.

Chapter *first* is devoted to *burns, contusions,* and such unclassifiable cases, as malignant pustule, farcy, glanders, &c., to which is prefixed a few remarks upon inflammation. It is the doctrine of many pathologists, that the heat of inflammation is dependent on the increased flow of blood to and through the part. To this M. Nelaton dissents, and adduces in disproof the fact that when a part is gorged with blood, from the application of a ligature, its temperature is *diminished* instead of being increased. "The increase of heat in inflammation," he says, "is certainly owing also to modifications in the phenomena of nutrition, under the influence of the great sympathetic nerve." There is, doubtless, some connection between colorification and vascularization, but M. Bernard has shown that, after the section of the sympathetic nerve, there is increased heat in the part to which it is distributed, notwithstanding the blood-vessels supplying the same part have been ligated.

In disorganization of the whole skin, to the cellular tissue, from burns, M. Nelaton advises that the part affected be so placed, that the cicatrix may form as large as possible. This procedure, though it might somewhat prolong the healing process, in some instances might avoid the necessity for an operation to remove the deformity resulting from the cicatrization of burns, which deformities are always difficult of cure.

M. Nelaton advises that an anthrax be not surgically interfered with, as incisions lengthen instead of shorten the healing process. This, is seems to us, is not always judicious advice, as timely incisions often prevent the diffusion of the phlegmonous inflammation. M. Nelaton's success, in cases of tracheotomy in croup, is by no means encouraging; as in twenty-five cases, all but one died. This want of success is probably, in some measure, owing to the unpromising class of cases that come into a French hospital. It certainly compares unfavorably with the result of other French surgeons, who report success in about one-fifth of all the cases.

Chapter *second* is devoted to affections of the blood-vessels. We pass over this chapter, simply remarking that after reviewing the various plans for the cure of varix, proposed by different surgeons, M. Nelaton rightly concludes that, at the present time, there is but one method of treating varix, and that by palliatives.

Chapter *third* is devoted to cancer, and though short, is exceedingly interesting. M. Nelaton truly says, "by far the most important point in the doctrine of cancerous diseases, as well in practice as in science, is that relating to the local or general nature of cancer, and of the tumors confounded with it." He adopts the only scientific distinction—the microscopic—between cancerous and other tumors. We find in the former a deposition, or substitution of a new element, and in the latter, only an exaggeration or hypertrophy of the normal structure. "The facts that the practice of surgery will draw from the just appreciation of this point of view, are immediate. They save some patients from useless operations, and will encourage the performance of others with boldness and with perseverance, in cases in which a less profound knowledge would, perhaps, have caused them to be rejected, to the great injury of the patient." (p. 91.)

Chapter *fourth* is devoted to fatty and syphilitic tumors, and affections of bursæ mucosæ. We pass this chapter, remarking only that M. Nelaton has no confidence in local resolvents, except alcohol, which he thinks might also be found of service in erysipelas.

Chapter *fifth* is devoted to abscesses, and concludes with a few appropriate remarks on purulent infection. This is a very instructive chapter, containing cases of abscess in nearly every part of the system, with the treatment adopted by M. Nelaton, and the results succeeding the same. Suffice it to say, that he injects most cases of abscess with tincture of iodine.

Chapter *sixth* is devoted to fractures, and concludes with a few remarks on the formation of callous and bone. This is one of the most interesting chapters in the book. In fracture of the clavicle, the apparatus advised is that of Mayor, which consists of a handkerchief folded diagonally. No wedge-shaped cushion is made use of; the fracture is reduced, the elbow then carried towards the body, and directed forward, the forearm half-flexed on the arm; "the base of the triangle (formed by the folded handkerchief) is then applied a few inches above the elbow, and tied behind; the two angles, forming the summit of the triangle, are then hanging before the forearm and the abdomen; these two angles are passed between the forearm and the body, and drawn up; two pieces of bandage are then attached to the two angles, and they are passed, one over the sound shoulder, the other over the fractured clavicle; sufficient traction is then made on the two angles to sustain and raise up the limb, and the pieces of bandage are fastened to the posterior part of the girdle formed by the handkerchief." (p. 157.) In treating fractures of the lower end of the radius, M. Nelaton applies four compresses and three splints, one dorsal, one palmar, and one ulnar, none of them reaching as far as the fingers. This is a fracture from which there need result but little or no deformity, and yet deformities succeeding are excessively common. In this fracture we certainly prefer the plan of dressing, perhaps first proposed by Dupuytren, in which the hand is firmly flexed towards the ulna and fixed in that position. The modification of this dressing, proposed and described by Dr. H. Bond, and published in the transactions of the Philadelphia College of Physicians, October 1851, is probably as well calculated to obviate deformity as any now in practice. As a means of diagnosis between a sprain of the ankle and fracture of the lower end of the fibula, M. Nelaton regards *ballottement* as of the first importance. "In order to detect it," he says, "the heel must be grasped as near to the articulation as possible, and then, if the muscles be relaxed, there will be ballottement." In the rupture of callus, in order to rectify remediable deformities, he concludes it may be attempted six months or a year after the fracture, and wisely prefers immediate to gradual rupture.

Chapter *seventh* is devoted to Luxations and Paralytic Affections succeeding injuries and structural changes or transformations. We had expected to find here a chapter of much interest, but was disappointed. But three cases of luxation came to the wards of M. Nelaton in as many years. M. Nelaton does not believe in the *transformation* of tissue under any circumstances. He is probably correct. In the so-called transformations, there is probably a disappearance, "molecule by molecule, of one anatomical element, with its replacement by another." (p. 210.) Also, of bone, he says:—"Many authors, who desire to regard a morbid production in a tissue as a return of that tissue to its fœtal state, have maintained that cartilaginous tumors were owing to a transformation of bone into cartilage. But bone never does this; when once formed, it remains as such; it may be absorbed and replaced by another tissue which is *substituted* for it, but its tissue is always the same." (p. 296.)

Chapter *eighth* is devoted to Affections of the Articulations, and is exceedingly interesting and instructive.

In Chapter *ninth* are considered Pott's Disease, Necrosis, and Exostosis. M. Nelaton divides Pott's disease of the vertebral column into two orders; the first without, the other with a sequestrum. In the former case, the tuberculous matter is contained in a cavity, or in cavities, hollowed out of the osseous tissue; in the latter, it is infiltrated in the spongy portion of the bone affected. In regard to prognosis he says, "now compare these two cases; in one, the walls of the cavity can come in contact, and cure can result; in the other, there is a sequestrum. In an abscess in the first, you make an injection in a cavity disposed to heal up; in the other, no earthly power can cure it." (p. 267.) He does not believe in the dissolution or disappearance of necrosed bone, and his experiments justify this disbelief; hence, his opinion is that all injections and all medicaments are powerless in such cases.

As incurvations of the spine always exist where there is a disparity in the length of the legs, M. Nelaton is of opinion that this fact can be rendered available, in treating spinal incurvations, by lengthening the limb on the side of the spinal convexity.

Chapter *tenth* is devoted to Cartilaginous Tumors and Cancerous Disease of Bones. In cancerous disease, affecting removable bones, M. Nelaton advises an operation, as the patient must soon die without it. But, if we may credit the reporter, they *die sooner with it;* as out of all the cases operated upon by amputation, within twelve months, two only recovered from such surgical interference. So uniformly fatal had been the result, that M. Nelaton was forced to ask himself whether morally he ought to undertake such operations in his hospital, and he believed they succeeded no better in any other hospital in Paris. (p. 305.)

The principle advanced by M. Nelaton is doubtless correct, that operations should be undertaken for the removal of the disease under consideration; but most certainly not in Parisian hospitals, as conducted during Dr. Atlee's pupilage in Paris. In American hospitals, and in private practice, the results are much more encouraging. This may seem surprising to those who have considered trans-Atlantic hospitals as models most worthy of imitation, and trans-Atlantic surgeons as perfections of operative skill.

Chapter *eleventh* is devoted to Injuries of the Head. This is certainly one of the most interesting subjects that can engage the attention of the surgeon. We are, however, compelled to confess to a small degree of disappointment in the chapter before us. The subject is disposed of in about *sixteen* pages, while the succeeding chapter, devoted to Affections of the Eye, occupies more than *eighty.* There is one point urged by M. Nelaton, in reference to cranial injuries, the propriety of which is acknowledged by most surgeons, yet which we fear is too often neglected by the country practitioner. He says, "if a depression exists, the fragments must be raised up, or even the trepan applied, *although there be no bad symptoms*, for the surgeon has reason to suppose that fragments driven towards the brain could become the cause of inflammation, which trepanning could prevent." (p. 327.) Many persons have doubtless died from cranial injuries that might have been saved, had not the mildness of symptoms deterred a timely resort to that surgical interference, upon which alone the safety of the patient depended.

In regard to effusions of blood, he says :—"All the operations for the relief of traumatic effusions, practiced in Paris, for more than fifteen years, have, without a single exception, been followed by the death of the patient." (p. 333.) And, in reference to accummulations of pus, he can offer but little or no additional encouragement." When symptoms of suppuration show themselves, the patient will certainly die, if, by the aid of the trepan, an issue be not given to the pus; but, unhappily, this operation is rarely followed by success." In the one case only in which we have seen this operation performed, and a portion of necrosed bone the size of a silver dollar was removed from the skull by a trephine, aided by mallet and chisel, and a teacup of pus evacuated from within the cranial cavity, yet the patient recovered without an unpleasant symptom.

We have scarce half completed the synopsis of the volume before us, yet we have quite equalled the limit we had contemplated.

The subjects of the remaining twelve chapters, are the following in order named : "Affections of the Eye," "Affections of the Nose," "Affections of the upper and lower Maxillary Bones," "Affections of the Lip, Tongue, &c.," "Ganglionary Tumors of the Neck,—General Hypertrophy of the Lymphatics," "Affections of the Mammary Gland," "Tumors in the Abdomen," "Affections of the Anus, Rectum, and Intestines," "Affections of the Genital Organs of the Male," "Affections of the Bladder," "Affections of the Genital Organs of the Female," and "Affections of the Foot."

From the foregoing list of subjects, embraced in the volume before us, a tolerable idea can be formed of its scope and design. The volume contains some cases that are trivial and incomplete ; yet, as a whole, it is a very readable book, highly interesting, and embodies the clinical observations of one of the most eminent of Parisian surgeons. As M. Nelaton is eminently clear in his diagnosis, and judicious in his practical teachings, the work is worthy a place in every medical library.

To those who are acquainted with the issues of the press of Lippincott & Co., it would be superfluous to say that the mechanical execution of the book is unexceptionable. O. C. G.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. TANNER, M.D. Philadelphia : Blanchard & Lea, pp. 252.

This little book has too long escaped that notice from us, to which its merits entitle it. It is not of a character to be reviewed but it is well adapted to be useful. Perhaps we shall give our readers a good notion of its scope if we epitomize its contents. The first chapter is on the clinical study of disease, including such topics as the examination of a patient, mode of taking notes of a case, of making post-mortem examinations, the examination of persons for life assurance, confessions and dying declarations and medical evidence. The second chapter is on the instruments employed in the diagnosis of disease as the microscope, the spirometer, the dynamometer, the stethoscope, the ophthalmoscope, and the varieties of the speculum. The third chapter is of the nature, cause, classification, diagnosis, prognosis and termination of disease ; the fourth, of the circumstances which modify it ; the fifth, of its symptoms and signs classified by the different functions to which they belong ; and the sixth, of distinguishing between natural and feigned disease. Chapter seventh, is of the physical diagnosis of disease ; chapter eighth, being devoted to general observations on the diagnosis of thoracic disease—diseases of the skin, parasitic diseases and chemical and microscopical examinations making the topics of the last three chapters.

It will be seen that quite sufficient ground is covered for the limits of the book. The whole is of interest, however, and can be read with profit by students and practitioners.

The code of ethics is attached to it, making an addition rather than an improvement. We never see this, which is well enough in its way if it were of any force, without thinking of the criticism once made upon it, by an intelligent and shrewd layman who read it at our request, "a capital arrangement," said he, "to keep all practice in the hands of those who have got it, and to allow beginners a very poor chance of obtaining any."

Practical Anatomy, a new arrangement of the *London Dissector*, with numerous modifications and additions, containing a concise description of the muscles, bloodvessels, nerves, viscera, and ligaments of the human body, as they appear on dissection. With Illustrations. By D. Hayes Agnew, M.D., &c. Philadelphia : J. B. Lippincott & Co., pp. 310.

The title thus given in full, sets out distinctly the character of the book and its purpose. Anatomy is one of the branches of medicine, which exercises vigorously the memory, and a text book which is intended to fill the place at which this aims, must, to be most useful, be concise enough and yet not too much so, full and yet not prolix, and of course accurate. Dr. Agnew seems to have accomplished what he undertook (and that is more than can be said of every writer), and the result is a very good book. Its size is convenient, its typography good, its illustrations not exceedingly elaborate and delicate ; but, what is better, distinct and striking, while its descriptions are so far as we have examined them very good. The true test of a dissector is to place it in the hands of students, and to note the difficulties they may meet, and the faults they find, making proper allowance for both. To this test we have not put this book, but are so pleased with it, that we do not hesitate to commend it to teachers and students.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M.D., Secretary.

October 8th. *Dr. C. Finnell* presented two specimens of *disease* of the *heart*—the first one was removed from a laboring man, 45 years of age, of good constitution. As usual he went to work in the morning, from which however he was compelled to desist, on account of a feeling of sickness and faintness—he was carried home by his companions, and died at the expiration of half an hour.

On inspection there is observed a *rupture* of the *right ventricle* near the apex. Surrounding the point of the rupture was a small layer of fat—the weight of the heart was 22 ounces.

The second specimen was obtained from a patient subject to attacks of asthma. *Atheroma*, in abundance, is seen on the coats of the aorta and semilunar valves—in some parts it was calcified.

Dr. Clark inquired if, in the first specimen, the color of the heart differed at the point of rupture from other portions of the organ? Or, if there was observed any paleness of the muscular tissue, or what is named Quain's fatty degeneration, or more properly, granular degeneration? This state occurs in particular points. In a similar instance presented two years ago by him, this was the case.

Dr. Finnell replied in the negative.

Respecting the second specimen, *Dr. Clark* desired to know whether there were any symptoms at any time, resembling Angina Pectoris? Forbes' tabulated cases show the common existence of ossification of the coronary artery.

Dr. Finnell's knowledge of the previous history of the case was very imperfect, and he could not state whether such symptoms were present or not.

Dr. Wood regarded Angina Pectoris as meaning anything accompanied with great pain in the region of the heart.

Dr. Clark considered the pain accompanying this affection, beginning at the præcordial region and extending to the left, and sometimes right shoulder and arm, as usually associated with organic disease of the heart. In an instance, however, occurring in a physician, this was not the case, but seemed to have been induced by repeated violence to the spine. He died from some other cause, and nothing was observed which accounted for the angina pectoris.

The third specimen shown by *Dr. Finnell*, consisted of fragments of *the cranial bones* of a man, murdered on the evening of July 17th, 1856.

The body half naked, was found laying in a corner of the room covered with blood. The sofa, bureau, stove, and other articles of furniture in the room, showed prints of the hands and fingers, indicating a severe struggle between the parties. On examining the body, forty wounds were seen—fifteen on the head, fifteen on the body, the others on the neck and chest. The skull was fractured on the left side, involving the frontal, parietal, temporal, and malar bones. The brain was lacerated and protruded through the broken fragments. The wounds on the head were probably produced by a cheese knife, which was stolen from a saloon in the basement on the evening of the murder,—most of them were about two inches long and extended to the bone. The wounds on the shoulder were of the same character. On the left side of the neck a wound was found six inches long—and the carotid artery and jugular vein completely divided. This was no doubt the last injury received by the murdered man, as it would be immediately fatal. The fingers of the left hand were cut in many places, such as would be produced by grasping at the knife in the hands of his assailant.

From the testimony taken at the Coroner's Inquest, it would appear that Mr. Burke was attacked while in bed, as his night-cap was spotted with blood, that he attempted to get in the small room and there lock himself in, but was disappointed, for his murderer was close after him—a desperate struggle now occurred, in which the knife was probably lost, the smoothing iron now used by the murderer in fracturing the skull, since it was found close to the dead man, and as some signs of life still existed, the knife was again used, producing the fatal wound in the neck.

Dr. Finnell presented a fourth specimen, consisting of a placenta removed three days since from Mrs. B., aged 23; enjoyed good health during her first pregnancy. On the 20th of September, 1856, she was engaged in household affairs, when flooding commenced. Her physician was summoned, who at once placed her in bed, enjoining the utmost quiet. She was at the beginning of the ninth month of pregnancy. The flooding continued at short intervals until Oct. 4th, when it became very profuse, unattended with pain. Her physician suspecting that the placenta was inserted over the mouth of the womb, requested me to see the case with him. She had been bleeding freely for two hours before my seeing her.

On attempting to make a vaginal examination, the os uteri was not to be reached until the hand was passed into the vagina—the dilatation was about the size of a twenty-five cent piece. The placenta covered the internal os about two-thirds of its extent, the finger could be passed in at one point, and the head was presenting. The rigid condition of the os, obliged us to resort to the tampon, and wait until the dilatation was more complete. The flooding still continued, and the patient began to show the constitutional effects of loss of blood. The fœtal pulsations were gradually becoming more feeble, and we gave up all hope of saving the child. An attempt was now made to separate the placenta from its attachments ; this was done as far as the finger could reach. The flooding for a short time ceased, but commenced as free as before. I now succeeded in getting in three fingers by the side of the placenta, and after a little working dilated the os sufficiently to admit the hand. In doing so I entirely detached the placenta, carrying it into the uterine cavity. The feet were now brought down, and the delivery completed without much difficulty. The child was dead. The mother made a good recovery. We estimated the amount of blood lost in two and a half hours, at about 40 ounces.

That portion of the placenta which was attached to the os uteri, is of a darker color than the other parts of the organ.

Dr. Wm. Detmold presented a small *congenital cutaneous tumor*, removed from the nates of a man. It consists of hypertrophy of the skin. Cutting through the pedicle, a large arterial vessel was divided.

Dr. F. M. Wright presented a specimen of *partial union* of *compound fracture* of the *thigh*.

The patient from whom this specimen was taken, was a young man about 19 years old, who received the injury from falling down a hatchway, and also received severe injuries of one arm, involving the elbow-joint and leading to long continued and extensive suppuration. He lingered in the New York Hospital for ten months, during the most of which time, the wounds, both of thigh and elbow, remained open, and suppurated freely. He passed through various alternations of improvement and failing, but eventually sank and died. At the end of four months from his admission, union was found to have begun in the thigh. After two months more, a large piece of dead bone, between two and three inches long, and involving the greater part of the cylinder of the femur was removed from the seat of the fracture, and subsequently several small pieces. At the end of another two months, union seemed to have proceeded so far, and the patient's general condition was so good, that the apparatus was removed from the thigh, and he was allowed to sit up in a chair, but after this his symptoms became more unfavorable, and he died about ten months from the time when the accident occurred. A point of interest in the specimen, is the form which the presence of the necrosed bone has given to the new matter thrown out in the attempt at union. There is comparatively little new bone formed, but what there is has taken the shape of an involucrum, arching over, and as far as it extends enclosing the space where the sequestrum existed.

Dr. Wood observed that a want of union usually occurred in persons of intemperate habits, if we are not careful to stimulate during treatment.

Dr. Markoe remarked that the patient, from whom this specimen was obtained, was under his charge for some time, and the want of union was not due to the cause mentioned by Dr. Wood, and he thought union was prevented in consequence of the long continued suppuration of the elbow joint, the powers of nature being insufficient to carry on successfully both reparative processes.

SELECTIONS.

On the Motion of the Heart. By H. Bamberger, Prof. of Med. Clinic in Würzburg.

During the past Summer, the rare opportunity was afforded me of closely observing through a wound in the parietes of the chest, the conditions of the heart's pulsation ; a phenomenon frequently discussed, but as yet very obscure. The case occurred in a healthy man, 30 years of age, who attempted to take his life by stabbing himself in the breast with a sharp knife. The deed took place in a public garden, and I saw the patient about half an hour afterwards, when he was brought into the hospital. According to the testimony of those who brought him there, the bleeding had been profuse, and must at first have spirted in streams from the wound. He was pale and exhausted, but conscious. It was a smooth-edged, gaping wound, about an inch broad, inclining downwards, somewhat in front of the nipple, and at the lower side of the fifth left rib ; upon each contraction of the heart, a considerable quantity of dark blood was discharged. It was evident that the patient, who belonged to the higher class, had intentionally selected that spot where the pulsations of the heart were best perceived. I pressed my index finger into the wound, and was greatly surprised to meet the flat, slippery point of the heart, which had, however, received no perceptible injury. There was scarcely a doubt that the pericardium was opened, as it would have been scarcely possible otherwise to have felt the point of the heart with the accuracy above described. Of course I availed myself of this favorable opportunity to study as far as was possible the motion of the apex of the heart. When my finger was introduced from the point towards the back, I could convince myself with the greatest certainty that at every systole the hardened and pointed apex of the heart slipped down along the front wall of the breast downwards, somewhat to the left, and a little below the lower margin of the wound ; a copious discharge of blood taking place at the same time near my finger, whilst in the diastolic moment, the apex retreated upwards and could not be felt. The duration of the 1st period, when the point of the heart moved along my finger, appeared to be somewhat shorter than the 2nd period, yet I could make no positive assertion regarding this, as the contractions of the heart were so frequent, about 100 in a minute. Notwithstanding the strictest attention, I could not perceive the lever-like motion of the point of the heart, nor the rotation of the same about its longer axis. As regards the patient, it is merely necessary to state, that the suture was immediately applied. After a few days, pericarditis developed itself, with a loud, grating, friction sound, that lasted about ten days, accompanied by a moderate effusion into the left pleural sac. In spite of this condition, and of a slight hæmoptysis that occurred, the general symptoms were light ; the patient rapidly recovered ; the wound healed by the first intention, and after a few weeks he was discharged. Neither in the pericardium nor in the pleural sac, as daily investigations showed, did any admission of air take place.

It may be permitted me to offer a few remarks upon these observations. The most important object gained by it is, I consider, the establishment of the fact that during the systole of the heart, a true movement of its apex takes place in the direction from above downwards and towards the left. The question might arise as to whether this movement may not be considered only as an apparent one, induced by a systolic elongation of the heart ; but since Harvey has shown more clearly the relations of the heart to the circulation, the previously accepted view of the heart's lengthening by the systole is entirely exploded, and at present the results of numerous vivisections and observations of Ectopia of the heart places beyond doubt the fact that the heart during the systole is lessened in its long diameter. The fact, therefore, that the apex of the heart can be felt considerably lower during its systole than during its diastole only by an actual depression of the whole heart can only be explained in the manner as described long since by Skoda. Skoda has published similar observations on a new born child, with deficiency of the sternum, where the fissure was only covered by skin. I had been a long time convinced of the correctness of Skoda's view, that in decided hypertrophy of the heart, the deeper position of the apex of the heart during the systole might be proved by percussion, and those observations further made it highly probable to me that similar relations existed for the normal condition; this probability has since become positive certainty. This circumstance explains also the fortunate results of the above mentioned case. If the communicated facts are considered, we are necessarily led to the view that the stab must have been made at the time of the diastole, for only on such a supposition is it conceivable that the apex of the heart, which was felt beating so distinctly in the wound, could remain uninjured. Besides it is not inconceivable that the violent physical concussion at the moment of stabbing may have prevented the occurrence of the systole.

How is it now with reference to the oft-mentioned lever-like motion of the heart, in consequence of which the heart beats against the parietes of the chest? Harvey, Cruveilhier, and Follin have observed this in Ectopia of the heart, and the numerous investigations of Volkmann seem further to place this fact beyond doubt. It may be imagined, that I am not inclined to oppose such authority, or to place too much value upon one negative observation, whilst at the same time I do not wish to undervalue its importance, as it appears to me to be the only one whose outward relations differ as slightly as possible from its normal condition. For it appears to me, that it can be readily conceded that the possibility of a lever motion of the heart may take place where the wall of the chest is absent or broken through, without its being necessary to maintain its actual occurrence in an uninjured thorax; it may be exactly as it is in the motions of the exposed brain, the possibility of which we can with justice deny in an uninjured skull; in one case as in the other a normal obstacle is absent, and forces are put in action which could not be so at an earlier period, although in each case they must have been present. So long as we are ignorant of the *quantum* and *quale* of the determining forces of the heart's motions, it will remain a useless task to determine *a priori* the direction of these motions; if we concede, however, the motion of the heart to be downwards, and consequently the existence of a force that drives it there, as is proved by the foregoing, then may we also grant the existence of another force, which has the tendency to move the heart lever-like forward. This, however, is so restricted by the chest-parietes, that the resulting motion is in the direction downwards, the heart moving downwards is pressed more strongly against the breast wall, which condition possibly assists the object of the heart's contraction. The lever motion can never of itself be the measure and the true reason of the heart's pulsation. For the greatness of these pulsations does not depend upon the material of the lever, upon its thickness, &c., but upon the length of its arm and the moving force. The heart's pulsation ought therefore, all other things being equal, to be stronger in a giant than in a dwarf; in an adult than in a child; which all experience contradicts. On the contrary, it cannot be denied that the thickness of the heart's walls has a positive influence upon the force of the heart's pulsations, as daily experience in hypertrophy of the heart proves.

The complete parallelism that exists between the anterior surface of the heart and the interior wall of the chest, the perfectly flat surfaces of both, and the intimate contiguity of the same in the closed thorax, do not accord as Kiwisch has already shown, with the idea that the apex of the heart beats against the breast wall, and is forced into the intercostal spaces. In narrating later experiments upon animals which I have had the opportunity of making, I shall return again to the question of the lever motion. Though I cannot entirely agree with Kiwisch's view, and must hold to the motion of the heart in every case being downward and toward the left, yet I fully coincide with him when he makes the perceptible impulse of the heart depend not upon a peculiar beat of its apex against the breast, but merely upon the evident systolic hardening of the muscles of the heart pressed into the intercostal space. But it may be asked if this is the case, why is the pulsation of the heart felt only at a small spot corresponding to its apex, and not over the whole surface where the heart lies upon the breast wall? Several things appear to me to contribute to this. First, that part of the heart, that is directly upon the breast wall, belongs entirely to the right ventricle, which on account of its comparative thinness, is far less fitted to make its systolic hardening outwardly apparent, whilst that point of the left ventricle that lies close upon the breast wall, from its greater muscular character is consequently better fitted to make its action apparent. Besides, we must not forget that the juxtaposition of the upper ribs which are closer even than the sternum, and more particularly the thick muscles of the breast, render it almost impossible to perceive the heart's contractions under ordinary circumstances. I have myself often observed, in children and in emaciated persons, that the heart's impulses frequently occupy much greater space, and indeed can often be clearly felt wherever the heart touches. In hypertrophy of the heart, this is, as is well known, a daily phenomenon. I have seen very frequently the right ventricle of the heart giving as decided an impulse as the apex, and yet there exists no reason for supposing that the motions of hypertrophical hearts, leaving the strength out of the question, differ in any way from those of the normal ones. If the breast muscles of a rabbit be removed, and the intercostal space exposed, the pulsation will be distinctly felt on every part that the heart touches, though this could not have been previously perceived. There is, therefore, no necessity to postulate any other than the usual motions of the heart's pulsations.

Skoda (5te. Aufl. p. 162) opposes his view of the action of the contracting power of the lungs upon the chest parietes, to the views of Kiwisch. The conclusion of his argument purports as follows: 'Since the heart is held in contact with the chest-parietes, and the diaphragm by the expanded lungs, and the contracting power of the lungs causes a continual contraction of the soft parts of the chest wall, then the heart, whatever form it may take, can never by a change of form cause an arching of the intercostal space or diaphragm from above or below ; it must rather, if there be no other influence upon its condition, produce a slight drawing inward of the intercostal space and of its diaphragm.'

In spite of my great reverence for Skoda, I must here be permitted to differ from him. If we were treating merely of the diminished space of the heart during the systole, a contraction of the intercostal space rather than arching of the same would occur ; but when on that account the heart passes into a more ball-like form, its muscular fibres hardening, and consequently producing a pressure against the chest wall, which does not take place during the systole, then the question is, whether this pressure from without is sufficiently great, not only to prevent the contraction of the lungs, which acting through the heart produces a contraction of the intercostal space, but actually produces a positive rest. Already *a priori* this possibility must be admitted, since no other sufficient reason exists, and *a posteriori* shows even that the existence of a systolic arching is in fact the case.

On the rotary motion of the heart, mentioned by many experimenters, the consideration of this case offers no conclusions. Whilst it is at first sight probable that such an one can only be sufficiently clear on the bases of the heart, and not merely at its apex, and it were unjustifiable to deny the motion solely on the ground of one negative observation ; on the other hand, the peculiar undulating arrangement of solid exudations in pericarditis confirms the same to a very great degree.

I have intentionally mentioned the results of my observations, and such as immediately grow out of them, without bringing into the question any experiments on animals, because I am of the opinion that any deduction from the phenomena of the heart's motions in animals can only be applied with great care to man. But I believe not the less, that they must yield exceedingly important data, if they are brought into harmony with the observations on healthy and diseased men. I have the liveliest desire to observe the phenomena of the heart's motion in animals, in a much more extensive manner than has yet been offered to me in man ; but I also believe that an actual advantage can only be drawn from such observations, by preserving intact the relative position of the heart and lungs, because, from the beginning, I was convinced that any important disturbances in the normal relations must produce such considerable changes in the heart's motion that any application of the same could not be thought of. Further observations have in the highest degree confirmed this view, and convinced me that in the open pleura, or in the removal or tearing out of the heart, its motions suffer the most important changes, and indeed not rarely are completely opposed to its normal condition. Too true it is, that the various investigations of extracted hearts have rather hindered than assisted the student on the motions of the same.—*Archiv für Pathologische, &c*—*Med. Examiner.*

On the Effect of Belladonna in Arresting the Secretion of Milk.

By R. H. GOOLDEN, M.D.

As nothing is read with greater interest by practical men than your reports of clinical facts, I hope I may claim a corner in your journal, at as early a date as convenient, to relate the following cases, illustrative of the effect of belladonna in arresting immediately the secretion of milk.

E. J——, aged twenty-eight, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles, and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested, it appeared inevitable. In this state I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal) that atrophine applied externally to the breasts would dry up the milk; and thinking it reasonable, I caused the areola of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half-drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture, they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit the following day, the first inquiry was about the breasts. They were all right. But was it the colchicum or belladonna that had relieved them ? The extract was used before I left the ward ; before the mixture was given, the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician :

A lady, the wife of a clergyman, was travelling with her husband, and in order to accompany him, had weaned her baby (then seven months old). Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times, with temporary relief. I recommended the application of the extract of belladonna to the areola, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk ; and instead of taking the opening medicine I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is available for the purpose of arresting the milk secretions is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important, if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so. My assertion may have a temporary interest, and soon be forgotten, and the opportunities of observing milk abscesses, and their early progress, do not occur with such frequency to a hospital physician, even in private practice, as that I may hope to bring together a sufficient number of facts to lay them before you. The fact has already been noticed, and if you will invite others who have more opportunities of special observation to try the experiment, and give you *short extracts* of cases bearing on the subject, with the names of observers, I am sure you will confer a favor on the profession. —*London Lancet.*

On the Employment of Chlorate of Potass. By M. ISAMBERT.

In this paper, M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, states that he has of late investigated its therapeutical action in M. Blache's wards, at the Children's hospital, and its physiological effects by experiments upon himself. Passing over these latter, we briefly present the conclusions he has arrived at in regard to its medicinal employment.

1. *Gangrene of the mouth.*—On carefully examining Mr. Hunt's observations, he considers it very doubtful whether he has always had to do with true gangrene of the mouth, having rather confounded this affection with the ulcero-membranous stomatitis, in which the effects of the chlorate are truly remarkable. In two cases of gangrene he did not find it very serviceable ; and West, who carefully distinguishes between the two affections, seems to have come to the same conclusion.

2. *Ulcero-membranous stomatitis.*—This term, adopted by Rilliet and Barthez, well explains the nature of the affection, there being in fact, both ulceration and the formation of false membrane present, the one predominating in some cases, and vice versa. It is a most obstinate affection, having no natural tendency to a cure, and being very liable to relapse. West first employed the chlorate in this affection, and his success with it has been amply confirmed by Blache, Herpin, Bergeron, and others on the continent. Eight cases which have occurred to the author speak equally favorably. Relapse may, however, occur, though far seldomer than under any other remedy ; and it should, therefore, be continued for some time after the fall of the false membrane. The chlorate, too, is powerless against the alveolo-dental pyorrhœa, or ulceration of the borders of the gum, with purulent issue from the alveoli on pressure being made upon the gum. The mean duration of treatment of these eight cases was from three to five days for the production of the fall of the membrane, and five to ten for a complete cure. When the cure was longer delayed, relapse had occurred, or the alveolo-dental pyorrhœa was present.

3. *Aphtha.*—The vesiculo-ulcerative state of the buccal cavity, to which this appellation is now confined, is in general a very mild affection, and curable by simple means. Sometimes, however, numerous and confluent ulcers produce much pain, impede feeding, and are very tedious in healing, and induce constitutional disturbance. In a case of this kind the chlorate effected a rapid cure.

4. *Muguet.*—M. Legroux has tried it in several cases of epidemic muguet at the Hôtel-Dieu, but without any favorable result. During the trials it was found to pass rapidly into the milk of the nurses, and in this way it may be administered to infants.

5. *Scorbutus.*—M. Fremy has found the medicine of use in this disease ; and thus we find the moderns returning by another route to one of the first affections the chlorate was recommended for, on he theory of deoxidizing the salt in the economy.

6. *Diphtheritis.*—Observations commenced by M. Blache, and continued by the author, leave no doubt as to the utility of the chlorate. In this affection there is, however, every gradation from the most simple to the most malignant form, a sign of most unfavorable augury being found in the swelling of the parotid and deep-seated cervical glands—enlargement of the submaxillary glands occurring in even the simplest forms. Of thirteen cases, the chlorate was exclusively employed in four, and the cure was rapid, the cases being mild ones. In two, although cauterization with nitrate of silver was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The 9th case was a very severe one following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for, although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

7. *Croup.*—The success attendant on the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others, in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of the diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the 1st of January and end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times with nine recoveries and five deaths, all the children taking the chlorate either prior to or subsequent to the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable, as the proportion of recoveries after tracheotomy, at the same hospital, has averaged during the last six years but one in four to one in five. When tracheotomy has been performed, the use of the chlorate is especially indicated, when there is a tendency in the diphtheritis to extend to the bronchi, pharynx, or nasal passages. It should be combined with expectorants and considerable doses given.*—*Gaz. Médicale. Virginia Med. Jour.*

* We publish the observations of M. Isambert, because we are disposed to think that the salts of chlorine are not regarded with sufficient favor by American physicians. The usual dose of the chlorate of potash is from ten grains to two scruples in the 24 hours, either in the form of powder or solution.—*Ed. South. Med. and Surg. Jour.*

* We concur in the above entirely. using it constantly ourselves with almost uniform success.—EDS. AM. MED. MONTHLY.

Action of Sugar on the Teeth.—M. Larez, in a course of investigations, arrived at the following conclusions, relative to the action of sugar upon the teeth :—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs, or by the gas developed, owing to its stoppage in the stomach.

2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.

3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Chloroform in Croup.—M. Passavant relates some trials that he had begun to make with chloroform in croup. He had observed that in pneumonia, under the influence of this agent when inhaled, the viscid expectoration was discharged, enveloped as it were, in a liquid exudation, and from that fact he hoped by the use of chloroform, to be enabled to facilitate the detachment of the false membrane, in croup. At intervals of greater or less length, chloroform was inspired for about ten minutes, but without producing sleep. The result was surprising. Strips of false membrane, many centimetres in length, were expectorated with violent efforts at coughing. These observations, however, are not sufficiently numerous to enable him to decide definitively on the value of this treatment. It cannot yet be determined whether it merely favors the expulsion of the exuded membrane, or exercises a favorable influence on the mass of the blood. It is probable that it has no action on the swelling of the larynx in which tracheotomy is indicated.—*Archiv. Physiol. Heilk.*—*N. O. Med. and Surg. Journ.*

EDITORIAL AND MISCELLANEOUS.

The seventh volume of the MONTHLY commences with this number, and it is proper to allude to the changes which are made in it. Its editor remains on the tripod which has supported him for the last three years, but the assistance of an experienced writer, to whose productions our readers are not strangers, has been secured. This concentration of responsibility and energy will, it is believed, be beneficial to the publication, securing greater unity of purpose, and more promptness of issue. The MONTHLY becomes the property of the editors, who will thus take the control of its affairs into their own hands, and will endeavor to secure as complete working as is possible of the various and complicated machinery of such a publication. Entire independence of all influences but those of reason and right are thus secured, and to these they will gladly lend their aid. Our comments on all subjects will be as free as is desirable but always cautious, our opinions will be decided but not dogmatically maintained.

To our subscribers we beg leave to present the congratulations appropriate to the season, and in the stereotyped phrase, wish them a "happy new year."

As we look upon the year 1856, and remember how lately we were commencing its duties, our amazement at the swift passing of time increases. Yesterday we welcomed the birth of the year, which to-day is buried, its term complete, its labor done. But when we look along the line of deeds, and see how the days' employments stretch back in their long array, we rather wonder that it has been with so laggard pace that it has flown. Medical men see so many of those milestones of sorrow, which to other persons mark years of progress, that their lives are long if reckoned by the events they cover. Incident it is said is not our fortune, and if it is meant incident of which the world takes note in connection with our lives it is true. But how do the lives of all others intermingle with, and become inseparable from that of the physician.

Seated in his quiet chair, snatching from his weary life a moment's rest, a physician recalls at the close of December, the events of the twelvemonth just gone. Looking at his memoranda his eye runs over name after name, and with each, incidents full of importance to the separate families concerned crowd upon him. Now he stands by the side of an only child, on whose life depends the happiness of a widowed mother, and wrestles with the destroyer to snatch back his prey. The hoarse cough, the breath drawn with so much labor, the starting eyes, the flushed face of the little sufferer, have warned him of his potent enemy, while, to his very heart's centre do the agonizing exclamations of the mother reach. And yet calmly he stands directing his enginery of health with consummate wisdom, fully armed and fully guarded that the precious prize be not snatched from him in a moment of wearied inattention ; while at the same time he pours consoling words and gives supporting counsel to the sorrowing heart, almost crushed beneath the shadow of the threatening evil. And when disease is quelled and health again begins to mantle the cheek of the loved one, he has quietly retired, thanking God that he has been permitted to be useful, and pursues his ways with the modesty of real greatness.

The eye falls upon another name, and he remembers how a whole household was hushed into awful stillness, while his own heart beat low but calm, as two lives trembled upon the balance, and he knew that upon his knowledge and skill their fate rested. A moment's error and all might be lost. Though such responsibilities weigh upon him, he is unmoved as the mountain. With a heart filled with sympathy, almost irrepressible he crushes it all within him, that he may not prove unfit for the sacred trust committed to him. And when the danger is passed and safety is again brought to the new mother, he has crept home in the grey of the early dawn, to throw himself upon his bed and seek rest from his exhausting watch. And neither the wife or any of that household know how great was the peril, but remember only the cold look of the physician, and wonder if he is entirely heartless.

But the scene changes, and he remembers how time after time he has stood by the side of the dead, and how earnestly he has labored to rekindle if possible a spark of life, and with what a heavy heart he uttered the words, "it is useless." How all have turned to him as the only one who could restore the father, upon whom death's stroke has suddenly fallen, and how he has sorrowed to say that the great victor has conquered. Again he recalls the young and the old, the high and the low, who have one after another suddenly reached their goal, and he knows as no one else knows what is the uncertainty of life.

Another entry and he sees a poor, thin girl wasted by disease which was beyond hope, but who with bright and cheerful countenance welcomed him to her sick room. How calmly she suffered, how lovely was her spirit, and how gently it passed away. And the good mother who watched over her, sighing to lose her loved one but patiently meeting this new trial,—how from her poverty she saved a pittance for his fee, and months after her child had gone, urged his acceptance of it, with earnestness which few would have resisted. In contrast with her another is recalled, a querulous sick man loaded with wealth, snarling, complaining, and conceited, suffering from his own imprudences and his own vices, annoying all who come near him, attempting to exact submission from all who approach him, and then haggling with his physician because he asks for relieving him from sudden and dangerous sickness, a pittance that he will waste in a moment on a useless bauble or a favorite horse.

And so his eye wanders on, the mind recalling the events to others of rare interest, to him of common repetition, and sees how his life reaches into the very heart of many others, whose confidence he safely preserves, and upon whom he has looked when the veil which conceals every one from his intimates is torn away by sudden and overwhelming grief. Neglect and distrust, esteem and love make the light and dark shades of the picture, carrying with them remembrances of genial warmth or of icy coldness such as few others know.

Which of our readers cannot fill up this outline far more completely. Life perils, hair wide escapes, are to all familiar, and make up their daily life.

Standing thus between two years, we seem to see those figures which the artist has carved in marble, to embody his night and morning. The new rushes forth with eager look and parted lips, swiftly cleaving the clouds, with ringlets streaming far behind, and wings that beat the air with firm and vigorous stroke ; while the old seeks rest with drooping wing and closed lid, and weary face, just moving through the thick opposing clouds. But to the true physician it goes down loaded with good deeds and full of joyous recollections.

Reader, have our musings of the year-day been capricious or unreasonable. Take your memorandum and in your easy chair question it, and see what are its answerings and instructions.

—Doctors sometimes eat dinners, though not very often assembled together as doctors. Last November, however, in this good city of Gotham, with mine host of the Astor House, they did congregate in aid of the Society, which is to benefit the widows and orphans of medical men (not in general but of the Society). Having paid our five dollars for the necessary amount of pasteboard, we took up a position where we could, 1st, get something to eat ; 2d, see what was done ; 3d, hear what was said. Accordingly we did, 1st, eat and drink till we had had a very good dinner ; 2d, we did see all we could ; and 3d, we did hear pretty much every thing. A sketch of every thing would be about as interesting as a copy of the bill of fare, and we shall not give it, but say a few words in general. Dr. Isaac Wood presided with his usual grace and dignity, aided by several vice presidents, among whom Dr. Anderson was especially useful, by repeating in his clear ringing tones the toasts of the occasion. The programme of the speeches was in general well arranged, and Peter Parley, Mr. Vandycke, and Mr. Tracy spoke respectively for the literary, the theological, and the legal professions. Peter

Parley told his story as well as usual, which is saying a great deal, for Peter's stories are usually well told. Dr. Satterly answered for the army, but immediately ordered up, by virtue of his superior rank, Dr. Van Buren who formerly served in that corps, and who spoke in praise of the medical staff in military service. Dr. Woodworth answered for the navy completely and handsomely. Dr. O'Reilly responded for the Irish practitioners, and Dr. Schilling for the German, the former bringing down the house by giving one hundred dollars to the funds of the Society. Other speeches followed which we cannot minutely refer to, though no one else talked with such effect as Dr. O'Reilly. Towards the small hours we left them still speaking, but presume they have stopped before now. Some queer things were said, for instance, one speaker remarked that "the profession of New York is now, owing to this society, a unit in its interests." Many a grim smile was hastily buried in champagne, or hock, while others were indulged without concealment. It is just about as much a unit here as elsewhere, say in Boston or Philadelphia, but not more ; but the influence of this society towards accomplishing it is unity. As no press was treated, we cannot tell how good a speech remained bottled up in our friends Drs. Bulkley and Reese and Tuthill, though they always speak well. A little liberality in sending cards of admission to the daily press, would greatly increase the facilities for accomplishing several things, for which these dinners are designed.

— It is only two months since the topic of doctors in court was presented to our readers by the abstract which was given of Dr. Gilman's introductory lecture. Since that time the subject has twice been brought before us, on which we are minded to offer a few reflections. In one case the compensation of professional experts was a point concerning which we were placed upon the stand as a witness. So important was the matter felt to be that even Dr. Valentine Mott exposed himself to the annoyance of dancing attendance upon the convenience of judges, jury, and lawyers, that he might throw the weight of his authority upon the side of right. The position which we took, and which was that unanimously agreed in, we believe, by the professional witnesses, was that the value of an expert's service depended upon his *knowledge*, and not upon the amount of practice he has at the moment of his employment. The plaintiff, called upon to testify as an expert in dentistry, of which he had been a skilful practitioner in England, sued for an amount of compensation which the defendant considered exorbitant, because he was not in regular business here, and was not earning so much by his profession. The point is so clear that we wonder how any one can doubt concerning it. Dr. Dixon, of the *Scalpel*, maintained that twenty-five dollars a-day, the sum demanded, was not enough, and all agreed that it was not too much. The decision on this point was in favor of the plaintiff.

Moral insanity is the other topic which has called doctors into court. The case is the notorious one of Huntington, on trial for forgery, some thirty indictments being found against him. After the State had proved conclusively the fact, the defence came into court with the astonishing plea of insanity, frankly stating that it was determined upon only the day previous. We call it astonishing because it was as little anticipated by the public, as it was by the prisoner's counsel. From that moment, the case, which had before interested the profession only as a common question of right and wrong,—an instance of crime aggravated and long successful, became a scientific problem to be solved chiefly by the medical men called as experts. As we write, the papers present us with full reports of that testimony, our regret being chiefly that we cannot present it in full to our readers. The family physician—a homœopath—shows by his testimony that he was shrewd in making a stout bill, and shrewder in taking care to overdraw his account; so that in case of a sudden 'bustification,' as one witness phrased it, he might be secure against loss. No witnessess were called who had made insanity their especial study, —at which we wonder,—for several men of ability and experience in the subject are accessible from this city. To our own mind there seems no proof that moral insanity is justly predicated of the prisoner. We shall look with great interest for the full discussion of the case in the *American Journal of Insanity*, where it will doubtless meet with all the attention which its prominence and notoriety demand.

—We are now going to venture upon a remark which shows great temerity, as well as originality, too. It concerns the age in which we live, and we are going to remark, that it is progressive. Yes! this is a progressive age, and thus we have announced an astounding and novel proposition. Its occasion, however, will interest many, for it concerns all who eat bread, and who does not? What say you, good reader, to an oven which can easily bake, in twenty-four hours, *five hundred barrels* of flour; which takes the dough in at just the right moment, and which puts it out as soon, and no sooner, than it is done; which enables the owner to deliver, day by day, to us, at four miles distance, most excellent bread, for as little money as we can buy the flour of which it is made, and have it put into our cellar. Yet this is now an every day affair, and is capable of the most rigorous demonstration. We have seen, and therefore know, concerning it. A brief description will not be amiss, even in a medical journal. Berdan's automatic oven, to which we allude, is *thirty* feet in height, *fourteen* in width, and *nine* in depth; in itself quite a little house. By its side is a small steam engine, which moves its machinery, while before it stretch out its long, arm-like levers. Some twenty men are constantly occupied in waiting upon it, and it exacts the most scrupulous promptness from them. It front of it are four small doors, which slide up to open, two of which are at the upper and two at the lower part of the oven. About twenty feet is the distance from the lower to the upper doors, abundant room being thus given for two floors to be occupied by the bakers, in preparing the flour to go into the oven, and to dispose of the bread after it comes out. Before the upper and lower doors, a little track is laid, on which a car runs most intelligently. Within, there is a modification of the endless chain movement, which it is not necessary here to describe minutely. The fire is beneath, requiring about a ton of coal a day. The heat within the oven is regulated by means of an ingenious, self-acting damper, exquisitely sensitive to heat. Entering upon the upper floor, we saw two men waiting the movement of the automaton, which stood without any indication of its contents. But in a moment one door slid open, and out came a pan, nearly five feet square, which was received upon a car standing ready before it. Immediately the door closes, and it is directed upon one side, so that anything contained in it, if not adherent, must slide off, a shaking motion from side to side hastening its departure. Again the pan is righted, and the car runs to the other door, where it pauses long enough to receive its load of dough, which the attendants have already prepared to place upon it, when the second door opens, and again the pan is hurried into the oven, which at once closes behind it. The car resumes its first position, and another pan comes out to be relieved, in the same manner, of its burden, and to receive in turn its new load. Thus, when in full operation, a pan of bread is dumped from one of the upper doors, while, into the other, dough is constantly entering. At the lower doors, the same processes are going on. The dough which enters the upper right hand door, in half an hour, comes out as bread from the lower right hand door, while the dough below enters the left hand door, and appears as bread at the upper left hand door. Some idea of the rapidity with which it is delivered, may be formed from the fact that it keeps two men busy at each door, whether it be to put in the dough, or to put the bread, as it comes out, into the appropriate baskets. But we have stated the capacity of the oven, and the amount of flour that the inventor has proved can be manufactured into bread in a day, five hundred barrels making *fifty thousand* loaves of bread, saving the labor of *twelve hundred* men. We cannot dwell longer on its machinery. The bread is better baked than ordinary, and is free from many of the faults of common "baker's" bread, resembling, in several particulars, good family bread. So many thoughts of the use to which such an invention can be put, occur to any one, that we hardly need to prolong our paragraph by any reflections upon it; but we advise any one, who is doubtful, or curious, to pay a visit to the oven, which is in Fulton Avenue, Brooklyn. Mr. Berdan always gives a courteous welcome to doctors who visit him.

—It has often been a subject of serious consideration with us, whether we should speak out in deprecation of the use and abuse of the daily press, in matters which affect our profession. There is scarcely a paper, however respectable it may be, which does not contain one or more columns of advertisements—to say the best, of a very doubtful character—headed medical, operating upon and abusing the confidence of a too credulous public. Against this abuse of the press we can only raise our voice and show our unqualified disapprobation, for the task of remedying this evil would be more that Herculean, and the filth to be removed worse than that of the Augean stable. Where, however, a cotemporary non-medical journal has dared to go, we certainly can follow, using its language. Upon one of the minor evils of which we speak, thus says the *American Agriculturist*, a paper, which, for its high scientific and literary character, deserves a place upon every physician's table, be he in any way devoted to agriculture or not. It gives entertaining reading to the one, useful and practical suggestions to the other, and at the very small tax of one dollar a year.

THE "POSTAGE-STAMP" SHAVE.

Scarcely a newspaper can now be taken up that does not contain the advertisement of some "Rev." or "M. D." who has recovered his health by the discovery of a wonderful remedy for consumption or nervousness or other ailing. Filled with gratitude for the good they have secured they are benevolently affected towards all other sufferers, and hence they pay large sums to inform the people that for one, two, three or four "postage stamps" they will send the recipe by return of mail.

We had not supposed it necessary to caution the community against such impostors, but it appears that the business pays well enough to keep it up, and moreover it is now greatly on the increase, and to our surprise during the last month intelligent men in different parts of the country have actually sent us special remittances of stamps asking us to call upon Dr. So-and-so and Rev. So-and-so, and procure for them the elixir of life. If intelligent persons are thus imposed upon, how is it with the millions of ignorant and unwary? Of course we have made no effort to find the advertisers. It is exceedingly doubtful whether they have any "local habitation," or are to be found in any other way than through the Post-office box.

Has not the question occurred to every one, if these *benevolent* individuals are so anxious to do a public good, why do they not publish to the world at once their important discoveries, which could be done without cost, instead of paying hundreds, yes, thousands of dollars for advertising, and making tens of thousands of dollars expense to those "sending stamps" and prepaying postage?

A correspondent informs us that: "A nervous neighbor enclosed a stamp to one of these 'superannuated clergymen,' and received an unpaid circular (costing the getter-up one mill,) setting forth the virtues of a costly preparation which would be forwarded to him on the receipt of $1; that impressed with the apparent honesty of the 'clergyman,' he sent forward the dollar, and received in return a little unpaid package containing 12 homœopathic pills of arseniate of potassa, costing perhaps one cent, with directions to take three a day, and if these did not cure perfectly another batch would be forwarded at the same rate; and that while one package seldom failed, two, three, or at most, five could not fail to work a perfect cure *if the patient had rightly described his condition*."

Probably very few of those who "enclose stamps" ever hear of them again.

But enough for this time; we have more cases on hand for future disposal.

— Dr. Walter Channing, of Boston, gives an interesting sketch of Dr. Simpson, which we are sure will interest our readers. It shows what a worker he is, and explains how it is that he accomplishes so much. He must be made of sturdy Scottish stuff to endure this for a long time:

At half-past one his consultations at home begin, and last till nearly or quite six. This is his least busy season, but as many as between forty and fifty have been counted; on one day more. His patients are arranged in two classes—those who pay, and those who do not. This prevents much embarrassment, which would necessarily arise in learning the condition of each patient, and hence much time would be lost, and it is very important to prevent this. When he began this system of home *clinics*, for such they strictly are, his house was filled at all hours, so that it was impossible to keep any order. People would come at seven A. M. in order to be first. They would get breakfast at six, or earlier, and disturb their own families much. To prevent this, he fixed the hour at half-past one to half-past five. The patients of the two divisions are in different, but equally large rooms. They draw lots for priority, have tickets, and come in as called, and so the most perfect order prevails.

Everybody knows what are Prof. Simpson's hours, and everybody observes them. He has an assistant, who writes prescriptions to his dictation, directions, letters, &c., and also attends to cases. He examines cases daily when there is occasion to do so. From long experience, and constant observation—the habit of recording cases—and of distinguishing them with all the accuracy in his power, he is able to arrive at conclusions in the cases before him in a very short time, or to make his diagnosis. I see most, or many of his cases—examine them after him, and I have again and again been struck, in new ones, how true is his diagnosis. He proceeds at once to the treatment. If an operation is to be, he does it at once. Applications of remedies are made, and prescriptions given, with directions, and the patient is desired to call in a week, fortnight, in two days, &c., as circumstances may indicate. At times the case is written down from the answers of patients to questions. This is always the case if it be a new case, or it is probable that changes may be required in treatment, or the effects of treatment noted. Some notion may be got of this portion of Prof. Simpson's in-door, or home professional life. He goes through this great labor quietly, and methodically, and with as gentle, kind, cheerful spirit as man ever manifested. The moral character of the daily service in disease, is quite as striking as is the professional. The moral presides over the whole, and renders it one of the most interesting matters for observation that can occur. I have been utterly surprised at its executive patience, its efficient activity. Here are the poor and the rich together, with no other distinctions than such as will best accommodate both. And I can say, from a long and wide observation, that there is no difference in their treatment. The great fact of each in Prof. Simpson's regard is the fact that disease exists which it is the physician's business to investigate and try to remove. He knows what is the prospect of success or of failure, and makes his prognosis accordingly. But even when the worst is announced, it is not spoken of as utterly hopeless, and something is done, all is done, for present comfort, when nothing may be done for cure. I am surprised again at the variety of disease which congregate at No. 52, and of the number which is presented in each kind. It is this which gives character to the whole, and makes these *clinics* the very best schools. I have been every day a pupil here. I have every day learned much ; yea, a great deal, which will aid me in my future professional, yes, moral life. I had designed to visit Ireland ; but so few days remained to me that I was sure that the visit could amount to nothing important, and I concluded to remain at Prof. Simpson's house, in the midst of his home practice, and to visit with him abroad such patients as he conld show me.

Wherever we went, the Professor was received with the same bright welcome, the same cheerful face, and I thought this made the beauty of his professional life. One was glad to see him so soon again.

Another had been waiting, with such patience as could be commanded, for a visit. But with all was the appearance, and the consciousness, that something good was to come from the call. He had time for everything. Took his seat, and with his "come along now," "how are you?" "how have you been?" &c., and which was always answered to satisfy perfectly the various objects in view. There was directness in his questions, or directions to the patient, but it was s quiet, so easy, that, though time was pressing on new engagement it seemed that the present one only occupied his mind. There wa persuasion with command, or demand, in such proportions, that the patient was only anxious to do the very best for himself, or for herself, and for the Doctor. In this way, or by this manner, which seems no manner at all, Prof. S. is able to do a great deal in a short time. His coachman understands, by a hint, where he is to go, and goes rapidly through his various service. As we pass along, some object of interest is at hand—the Botanic Garden, a ruin, a hill, a beautiful prospect. He pulls the string, opens the door which lets down the step, and "come away," tells you there is something for you to see—something to please you—and there is time enough to see it. "I visit here, and for ten minutes I will leave you—go down there, and you will find something." Off he goes to his patient, and off I go to see what he has indicated. The Professor is well made for dispatch. He is short, stout, with small feet, and his step is short and very quick. He is of excellent age for vigor—about thirty-nine—and "goes ahead" of all walkers. I have almost to run somewhat, not to lose him. Let me finish his picture. You have his length, but not his *full* length. His head is large, covered with a profusion of black hair, which obeys its instincts, and more strikingly so when he thrusts his very small hand into and all over it. His forehead is of good height, but the hair grows low upon it; and to me this is the most becoming manner of its growth, and the antique, the Apollo, the Clyte, &c., support my taste. His face is broad, of fair length, and its expression just such as such mind and heart always produce. His eyes are singularly loquacious, and always begin to talk before he utters a word. His knowledge is more various than I have before met with. Nothing escapes him. Science and literature are his pleasures. Archæology is a favorite pursuit; and his friends frequently send him books, and specimens, which help his studies. I never saw so many presents. I went up last night late. "I must make some visits," said he, "say at eleven." Off drove his coach. This morning, before anybody else was up, I went below for my spectacles. On the sideboard was a basket of fine peaches, "which was not so before." In the morning, bouquets came in. I could fill pages with a list of such offerings as are daily poured in. He has game at every meal. "Our friends," said one, "keep us supplied with game." His family pass the Summer in a very pleasant place a few miles from the city, but his house affairs go on by themselves very much as of themselves, and knew how, and are all in perfect order. Said he to me, when he carried me bodily from my hotel, "I am a bachelor—no woman—but 'come away,' you shall have the best I have." Night before last, he was called into the country. I found him at table in the morning, and with a heavy, but hearty yawn, said he, "I had a drive last night, over a stony road, in a carriage without springs. I changed it, but was no better off, and I feel well pounded." This was not a complaint, but an experience; and, as soon as breakfast was over, eaten as it was with all sorts of interruptions, he was ready for his visit to the Duchess of ——, and everybody else. He eats little, and as if almost unconscious of the function. In this he constantly reminds me of —— ——. He receives a great deal of money, I have heard. But he seems wholly regardless of money, and, as I have further heard, it is only lately that he has begun to accumulate property. He is paid at the visit, or consultation, which saves him from one of the most inconvenient offices, charging and collecting fees. We feel both the inconvenience and loss, in America. I have seen fees paid him. It is when the patient is leaving him, and, by offering the hand for farewell, the fee is deposited in his. I really think, if he were subjected to our system, he would get no money at all. "At night," said a patient of his, whom he sent to me when she came to America, "his pockets are emptied. He knows nothing of their contents before; and so his money is cared for." I said his meals are often interrupted. His butler brings in cards, notes, letters. "There," says he, and lays by note after note. Then two or three ladies come in. If he be not in, down they sit on the sofa, and take up books or newspapers. Then gentlemen, with or without ladies, appear. They are always asked to table by Miss ——, his sister-in-law, or somebody else. When the Professor is at table, he places them. But he is reading, and eating—or giving bread to a spotted Danish coach-dog, named Billy, of fine size, and a universal pet. I feed him always. Professor S. talks to the comers. Then learns of strangers what they want, gets their residence, if visits are wanted, or goes into a room hard by, and sees them alone. His house is very large, and full of rooms, and always seems inhabited. At length, he gets ready to go out. "Come away," he says to me. I run up to put on a different coat, to get my hat, &c., and always find him, hat on, at the door, ready to run down the steps for the morning's work. This is the way every day. He wears a narrow-brimmed hat, and puts it on well back, and so shows his whole face, and part of his head. His dress is always black, with a remarkably nicely-arranged white neckcloth, with a very carefully made bow in front. So you see he is always *dressed*. I think, M., you would want to give the hat a different *set*. You could not improve the rest of the toilet.

Now, is it not a great privilege to be the inmate of such an estabment as this? Is it not a thing to prize, to be the companion of a man so wholly devoted to others, and yet who is so cheerful, so constantly happy himself? You are admitted by such a man into the society of his thought and of his act. He always talks to the purpose, and yet he is the least of a formalist of any man with whom I have been acquainted. He has large information, for he is habitually an observer and a student; and yet he has no pedantry, no obtrusion of learning for its, or rather his own sake, but that his companions may be helped by what he knows. He is almost daily making new observations, discovering something new, or using the known in a new way. And yet he is not in the remotest degree a dogmatist. It is not to support a doctrine that he talks, but to afford you an opportunity to speak more fully of it, to get knowledge from it, or to aid you by the knowledge he communicates. I have been chiefly a questioner in the society of Prof. S., and I always have got good answers. If he has no answer—if he cannot explain the unexplained in my own mind, he turns himself round in his coach, for it is in driving I have the best of his society, and says, "I don't know, I cannot explain that." He will add, "I have had the same difficulty you have, and cannot clear it up." One advantage has arisen out of this intercourse with Prof. S., which declares itself to me every day. I am conscious of a daily review of my own professional life, of thought, of reading, and of study. I speak constantly of books, of cases, of results of treatment. Prof. S. has read all, and infinitely more than I have, and yet how small is his study! "Here is my study," said he, the other night, as I was passing his sleeping-room, on my way to bed; "come along." In I went. The room was small. There was his bed; and in place of a night-stand, there was at the head of his bed a book-stand, or case, with two or three shelves, about a foot and a half wide, filled with books. The filling took but few. Taking hold of a movable gas-burner, he brought it forward, so that he could easily read on his pillow. "Here," said he, "is my study. Here I read at night." I only said, "What a privilege it is to be able to read in this way. I never could," and then, "good-night." I heard his night-bell almost every night. When I recollect how much work this man does, how his days are filled and crowded with all sorts of professional duty and service, I am surprised that he should make his study of his bed; and yet this simple incident had in it an explanation of the wide knowledge which is acquired under difficulties. I saw in it how intense was his interest in all which was before him, and did no longer wonder at his success; and more, I no longer wondered at his unconsciousness of his own acquisitions, so that when he gives them to you, you almost think that he is speaking for another, rather than for, or out of, himself. Among his other labors he edits a medical journal, and is himself a constant contributor. This review of one's professional life, in the intercourse of such a man, I confess is singularly attractive. You ask if he has read such a book. He says he has. You now speak of something which strongly impressed you at first, and may be, only reading of it, describe a case or dwell on a doctrine, and ask if he remembers this or these, and if his experience supports the doctrine. I suppose that in many cases our distinctness of memory regarding some point or points in a book, may be because what impressed itself so strongly was the only novelty or important fact in the book. How rare is it, even in books of much size, to find a page or a sentence which will "stick," as somebody says, or hold its place in the mind. The reading of mere repetitions of what others have said, and which we already know, makes no addition to knowledge. It is nothing more than putting upon another, so to speak, its exact fellow—piling up the same thing —a most useless species of overlapping. But the book of which we have so little recollection may have a great deal for another mind. When that mind is addressed on that book, much will often be brought before us which had scarcely been noticed, or only to trace its resemblance to that already acquired. It is now presented under new aspects, and may be to us new or original knowledge. In these works of very early study the gray fathers of medicine are again with us ; and in talking of and with them the former days return, and age feels again the warmth and the vigor of early manhood. I do not know when I have had more of that enjoyment which comes of study and its gifts than when, with this living Professor, I was looking back for nearly half a century of my own intellectual effort, and in this way consulting again the earliest sources of knowledge.

—The French Academy is now, and has been for several sessions, engaged in a discussion upon the treatment of ovarian cysts. As this subject is one which has been the study of several able statistical writers in our own country, and is one also to which American surgeons can point with a great deal of pride, we have translated the remarks made by one of the most renowned pathologists of the day, whose loyalty to medicine is too well known to need encomium, and whose good faith is proverbial. The logical arrangement of the article, and the fearless acknowledgment of a change in opinion, merits attention. In the course of the article, two references are made—one to the statistical tables made by Prof. Trousseau, and the other to the mode of operation proposed by M. Barth. We give these in order to complete this paper.

Southam, in *The Medical Gazette* for 1834, among 21 cases of tapping, found 4 deaths the first day, 3 before the end of the first month, 14 before the end of the year. Two-thirds, then, of those operated upon died before the end of the first year. Lee, in 1847, reported 46 cases of simple tapping: 3 died within twenty-four hours; 6 within a few days; 12 in a year; 2 at the end of three years; 1 at the end of six years, and 1 after fifteen years. Of 64 cases, collected by Kiwisch in 1856, 9 died the first day; 6 after the second tapping; 15 upon the third or sixth puncture. There were 3 decided ameliorations, and one cure only.

M. Barth in his paper, from which the discussion arose, related a peculiar case, in which he attempted to produce a radical cure by a new method—a modification of the *canule à demeure*. The operation consisted in puncturing the walls of the cyst above the pubis, by means of a long curved trocar and canula, and after the discharge of a certain quantity of liquid, by making a second puncture with the trocar from within outwards, it being again introduced through the canula, and coming out three or four inches above the first puncture. The trocar being withdrawn, a caoutchcuc tube is passed through the canula by means of a needle, and then the canula in its turn being withdrawn, the tube remains behind. The tube is pierced with two holes at that portion which corresponds with the interior of the cyst, allowing the constant escape of the contained liquid, and permitting the easy injection of any fluid. By this means, M. Barth proposed to keep the cyst evacuated, and by constant contact of the cyst walls to favor adhesion, and thereby a radical cure.

— The Medical Department of the University of Louisville has been destroyed by fire, but we learn that enough of the apparatus was saved to enable the lectures to be continued in the Law Department adjoining. The loss occasioned by the fire, we are happy to hear, is covered by insurance.

ACADEMY OF MEDICINE.—At the November Session, the Academy reconsidered its previous vote upon the subject of building a Hall, and indefinitely postponed balloting for a building committee. We have already expressed our opinion upon this subject, and are rejoiced to find it accords so nearly with that entertained by a majority of the Academicians. There are, however, collateral matters appertaining to this subject, which we should like to have taken up and acted upon immediately. Let us have a library worthy of our city and country. There is wealth enough in the profession of New York to accomplish this desirable object ; and the objections raised against the erection of a Hall do not hold against the formation of a large and valuable medical library. If an amount of energy and action, equal to that which was displayed in bringing forward and sustaining the former proposition, be exerted toward the accomplishment of the latter, a worthy monument will soon be raised to the honor and permanency of the Academy. There can be no possible objection to such an undertaking ; and we are ready to commit ourselves to second all movements made in that direction.

The same evening, Dr. McElheran read a paper upon "The Developments and Causes of Variety in Mankind," which we gave at length to the readers of THE MONTHLY in our last issue, including some further reports upon cranial magnitudes, added by the author.

At the regular meeting for December, a Report was read by the Chairman of the Section on Public Hygiene, "On the use of Marine Algæ as Medicated and Nutritious Food ;" after which, Dr. Brown-Sequard entertained the Academy by an exposition of his views upon the Cause and Cure of Epilepsy. This distinguished physiologist, whose recent researches upon the supra-renal capsules are now engaging the attention of physiologists and pathologists, gave a clear and concise review of the experiments which led him to the discovery, that he could produce at will, upon certain animals, symptoms simulating epilepsy. His remarks were illustrated by demonstrations, whereby he attempted to prove that particular portions of the body became, under certain conditions, peculiarly sensitive, and that this increased sensitiveness being irritated, produced the epileptic manifestations ; and he furthermore stated, that if this irritation be frequently and successively repeated, death would be the result, through a paralysis of the pulmonary nerves.

As a cure for this epilepsy in these animals, he had found that a division of the nerves leading to this sensitive part, prevented a recurrence of the attack upon irritation of that part.

Dr. Barton, of New Orleans, entertained the Academy, at an extra Session called for that purpose, by a paper upon "The Cause and Prevention of Yellow Fever." The subject was not treated in any respect very materially different from that made use of in his Sanitary Report to the Common Council of New Orleans, which has been before the profession for some time, and which we reviewed at length a year since. The Report demanded more than an ordinary notice, and we consequently gave it that consideration which it deserved. Dr. Barton has treated the part of the subject to which he has given his special attention with marked ability ; and his views, founded upon accumulated scientific data, are worthy that attention which the Academy accorded them. He took occasion to controvert some conflicting statements made by another distinguished physician of New Orleans, about a year ago, from the same place, and to sustain his own by recorded facts. Arguments thus fortified are beyond the reach of any attack from statements generalized from memory only, unsustained by any positive record. Relying upon these, Dr. Barton may rest content with his position.

We congratulate the Academy upon the termination of a successful year. The past twelve months have been, beyond question, the most prosperous in its existence. Its sittings have been almost uniformly well attended—many very fully attended—and the papers read have been of great excellence, and so many in number that they have necessitated extra sessions.

We congratulate, then, the Academy upon its present condition. Doubtless it has been in a great measure owing to the efforts made by the officers, whose interests in the actions of the Academy have stimulated them to more than usual exertions in obtaining papers of an high order to be read before them, and in inviting distinguished strangers to address them. We trust the coming year will find no relaxation in this respect, but that the already increased interest in the sittings of the Academy will be sustained, or even improved upon.

We have one suggestion to make in referring to the proposed discussion upon Yellow Fever. Few of the Academicians have any practical knowledge of that disease; and we believe the recollections of those few would add little, if anything, to the elucidation of the subject. There are subjects, however, with which every member is familiar. There are diseases which are present with us now and every year—sometimes assuming an epidemic form, the mortality from which is greater every season than was experienced from Yellow Fever in this region last summer. We have now in our midst a disease which is very fatal to children, and which would be a subject of more practical consideration for the Academy at this time than Yellow Fever. The mortality from Scarlet Fever the last week (December 22) was 45; and if we take the ratio of cases to deaths as 28 to 1—the proportion given by statisticians—we have sick from Scarlet Fever in this City at the present time from 1200 to 1500 children. From the City Inspector's Report for 1854, we learn that there were during that year 517 deaths from Scarlet Fever, and for December of the same year 90 deaths of that disease. In the table of classified diseases, it is the thirteenth in order of severity, and in diseases peculiar to infancy stands next to croup. When we consider that the mortality among children below 10 years is more than half of the whole mortality, and that if we take December, 1854, as data, we have 1880 deaths as the total of all ages, and 1114 deaths among children under 10 years; and if we consider that one in about every 18 of these died of Scarlet Fever, the subject assumes an importance worthy the attention of the Academy. This year, this fever is more fatal, and seems to be more generally prevalent, both here and in other cities, than in 1854.

It is good policy in time of peace to prepare for war; but never to the neglect of appropriate measures to prevent or to subdue internal disasters. We hope the Section on Theory and Practice will present this subject before the Academy for discussion, while its Fellows are so laudably interested in its actions, and so unanimously attend its sittings.

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ESSAYS, MONOGRAPHS, AND CASES.

The Utility of Colleges of Pharmacy. By Prof. LEWIS H. STEINER, M.D., of Baltimore.

As a most interesting and important subject, it is proposed to glance at the rise and progress of the pharmaceutist's calling, and the advantages, to the community as well as himself, arising from the establishment of colleges where he can acquaint himself with those branches which are required for the successful prosecution of this calling.

Early in the history of the human race, before the mind had even ceased to wonder at the numberless beauties of the early Paradise, while the eye gazed in admiration at the *

> "Groves whose rich trees wept odorous gums and balm,
> Others whose fruit burnish'd with golden rind,
> Hung amiable, Hesperian fables true,
> If true, here only, and of delicious taste.
> Betwixt them lawns, or level downs, and flocks
> Grazing the tender herb, were interpos'd,

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* Paradise Lost, IV.

Or palmy hillock, or the flow'ry lap
Of some irriguous valley spread her store,
Flow'rs of all hue, and without thorn the rose:"—

Early in the history of what is now clothed in all the mystic beauties of dream-land, though then a reality, we learn from the Sacred Record that sin came into the world, bringing with it *disease* and *death.* What is not included in these two words,—what of anguish and suffering to the human race, hours of pain and affliction, of bitter sorrow and keen soul-racking distress,—tears of grief and agony of affliction? From them spring the anxiety which makes the mother's heart throb with sadness as she waits by the bedside of the little infant, who draws life and sustenance from her loving breast,—the bitter anguish of the family at the suffering couch of a beloved and adored parent,—the anxious expectations and dread of the partner of toils and pleasures as she lingers by the side of the husband of her choice,—the weeping and wailing of friends as the strength and manly beauty, and giant mind and great loving soul of some fellow being is about to be lost to them for ever in this world. What hours of unwearying attention through the day, when the world, seemingly unmindful of the sufferings of the afflicted, is rushing along in its course for honor and gain,—through the night, when the quiet and silence makes each minute an hour of pain, each hour a week of heart-breaking anguish,—what sad hours are brought back to the mind by the mere utterance of the word—disease! All the disappointments, that failures in the contest for honor, station, or emolument may bring to the sensitive soul of man, sink into insignificance when compared with the wretchedness and despair that *disease* sows, with a liberal hand, among the sons of men. But the same Providence which sent the fell destroyer to close the earthly career of the immortal being,—which imposed the penalty of disease and suffering for the first great act of disobedience, has also taught man how its severest pains may be mitigated; and, if she so will, how the final close may be postponed to a future day. We read,* how, "The Lord hath created medicines out of the earth; and he that is wise will not abhor them. And he hath given men skill, that he might be honored in his marvellous works. With such doth he heal (men.) and taketh away their pains. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth."

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* Ecclesiasticus xxxviii. 4–8.

The history of the various medicaments now employed in the treatment of disease, is enveloped in much obscurity. We are not able in the case of most of them to state when, where, or by whom they were first found to have a medicinal effect on the human system. Far back in the infancy of the race, by a happy accident, if we dare call such an occasion by that name, their properties have been discovered, or by unwearying experiment their efficacy has been determined. Gradually they have been made known to the world. At first communicated with solemn injunctions of secrecy, as heir-looms of priceless value, from teacher to student, from father to son, or with grave solemnity and mystic forms from village crone to a tried and trusty associate. Superstition would necessarily invest the substances, whose properties were thus made known, with more than real properties. It would in course of time gradually surround the *preparation* of the medicine with more importance than the substances which entered into its composition, and the rites and ceremonies then adopted, would be looked upon as the really efficient agents. Such a result might naturally be expected from those who were ignorant of the laws of science. The medicine man, among the aborigines of our own continent, by a series of meaningless rites and terrifying forms of procedure, endeavors to convince the bystanders as well as the sick, that his power is of a supernatural character. The physicians of the more cultivated nations of the globe, not many centuries ago, were not altogether devoid of a similar actuating cause. The more mystery surrounding the preparation of the potion, the more value was supposed to be conferred upon it. The prejudices of the people were availed of in order to control their faith and confidence in his skill. Articles of an inert or disgusting character were taken and combined with the really useful, and the whole was then inflicted upon the patient. The articles contained in the famous cauldron, of the witches in Macbeth, were not very dissimilar from those at times forced into use by the practitioner of medicine in the middle ages. Full as outré and disgusting were some of the substances as the,

"Fillet of a fenny snake,
Eye of neut, and toe of frog,
Wool of bat, and tongue of dog,
Adder's fork and blind worm's sting,
Lizard's leg, and owlet's wing;
* * * * * * *
Scale of dragon, tooth of wolf:
Witches mummy; maw and gulf

Of the raven'd salt-sea shark;
Root of hemlock, digg'd i' the dark;
* * * * * * *
Gall of goat, and slips of yew,
Silver'd in the moon's eclipse;
Nose of Turk, and Tartar's lips;
Finger of birth-strangled babe,
Ditch-delivered by a drab."

But the day was near at hand when science should dawn upon the world, and such articles would necessarily be driven out of the practice of the medical man,—leaving their place to be supplied by others of real efficacy and value. From the dusky clouds of the Alchemist's cell, was to proceed a new and beautiful science, which should delight in extracting the effective principles contained in minerals and plants and animals, and irradiant with the enthusiasm of its youthful nature was to seek out ignorance and superstition in all their hiding places, and drive them from the abodes of men. Chemistry paved the way for the appearance of Pharmacy, and gave all the science which the latter possesses, removed mystery from the shop, and made the Apothecary assume a position worthy of him who was to be the Physician's support and assistance.

The origin of Pharmacy, or of that science which treats of "the preparation, preservation, and compounding of substances for the purposes of medicine," is intimately connected with the first appearance of Chemistry. Had the latter never existed, the former would have had no character worthy of the respect of the man of science. It would have consisted, at most, of magic formulæ, disgusting decoctions, inert compounds, and worthless modes of proceedure. No enlightened person would have resorted to it, unless forced by the fear of impending death, and distrustful of the unaided powers of nature to throw off offending matter. The medical profession would have been unable to render relief, even when the nature of disease had been fully discovered and recognized as not necessarily fatal. Its cultivators could have never passed beyond the stage of mere students into the natural history of man,—his physiological condition and the pathological changes induced by disease, with probably a certain amount of surgical knowledge, over to the high station they now occupy as ministers to his wants and his sufferings. Pharmacy was the science which was to invest them with a perfect armament for use in their professional labors,—to give as much certainty to their professional practice as fallible beings can be expected to possess. Its prosecution was to employ the aid of chemistry in its widest sense, in its most potent processes, so as to ensure the full equipment of this armament.

How interesting does this connection of chemistry, pharmacy and the medical profession appear to the student of science, interlocking and embracing each other as it were, until the lines which mark the borders become less and less distinct, and the three appear but as members of the great science of Nature,—parts of one vast organism which involves the constitution and properties of all bodies from the grain of sand by the sea-shore, the impenetrable adamant, the one-celled animal whose life is hardly established before its death is at hand,—the vegetable through all its ramifications of form and structure,—up even to the constitution of the brain itself of him, who has been endowed with a certain degree of mastery over them all. All the parts of this organism are perfectly harmonious. No discordant sound is heard, but the loud swelling note of praise it sends up to the Heavens above shows that all are attuned by the same great Architect, who has taught man how to find out their hidden truths and sacred laws.

Pharmacy, with which as a profession we have especially now to do, did not spring up at once in all its strength and power from the seed sown by chemistry. Its first steps were like the first efforts of the infant to walk. Many a fall to the ground, many a lapse into the errors and superstitions from which it had just escaped, many a tottering step, was experienced, before it planted the foot securely on the firm basis of truth and advanced steadily forward, growing in time to the stature of an adult, remarkable for strength and beauty. How could it be otherwise when the lingering traces of old superstitions were still found, when the Amethyst was supposed "to make men sober and steady," the granite "to strengthen the heart and hurt the brain," the ruby "to take away idle and foolish thoughts and make man cheerful," the emerald "to strengthen the memory and stop the unruly passions," the diamond "to make him that wears it unfortunate;" when "the flesh of vipers being eaten was said to clear the sight, help the vices of the nerves and resist poison exceedingly," millipedes were said "to help the yellow jaundice," if bruised and mixed with wine, earthworms were considered "an admirable remedy for cut nerves," and oysters were believed as having the power of "drawing the venom, when applied alive to a pestilential swelling. It required a long time utterly to remove these lingering relics of an ignorant past, and to make way for the period when all should do, even as he who believed in all these fancied articles of the Materia Medica, and yet could preface his Dispensatory with the remark that "he consulted with his two brothers, *Dr. Reason* and Dr. Experience, and took a voyage to visit his mother *Nature*, by whose advice, together with the help of Dr. Diligence, he obtained his desire." By close study under the guidance of such tutors, and with the aids of chemistry, these fanciful properties of medicine were rejected and nothing retained that was not tried and approved by science.

The proper studies of the Pharmaceutist,—that is those which shall enable him to prosecute his calling with intelligence and certainty—are comprehended in the colleges of Pharmacy under three heads, Chemistry, Materia Medica, and Practical Pharmacy. The so-called science of Materia Medica embraces everything relating to the physical properties and therapeutic virtues of all those substances which are capable of producing a beneficial effect on the diseased body, and of removing injurious principles that may work detriment to the organism. Chemistry then steps in and claims the Pharmaceutist's notice, because it teaches him the properties of all these substances when they are brought into combination with each other, and whether the results of such combination shall be inert or of increased power. Finally practical Pharmacy shows how all this knowledge can be made available in the preparation of medicines for most efficacious administration. This constitutes the narrowest possible curriculum of studies that can be allowed him who devotes himself to the profession of Pharmacy,--should he feel disposed to investigate more fully the secrets of his calling, the whole domain of Natural Science is connected in some way or other with these three branches. Mineralogy and Geology, Entomology, Conchology, and Zoology in general will furnish him facts and information that can be of general use,—while Botany is almost indispensable as a guide to the recognition of the plants which experience has taught his predecessors and companions are invaluable for medicinal purposes. Thus the study of the sciences, which illustrate the three kingdoms of nature, makes him a master over their therapeutic properties, and he can with certainty procure from them all such as will be required by the physician. His knowledge need not, *should not* cease with those studies we have mentioned as absolutely necessary to fit him for the prosecution of his calling. In fact they only show him how he can walk along in the beaten track which has been laid out and planned by his predecessors. With them alone he will only be able to avoid doing wrong,—to avoid committing gross and perhaps fatal errors. But if he designs the attainment of a scientific position among his confrères, he must become himself an investigator, and endeavor to find out new plans to attain old results, or new results from the application of old laws. The day is past, we hope, when the Apothecary can rest satisfied with being a mere dispenser of articles, of whose therapeutic properties he knows nothing, and which he only recognizes by their *physical* properties. His position as a scientific man should incline him to look more deeply and thoroughly into the nature of the substances with which he is thrown into daily contact.

Some one may object here that the kind of knowledge hinted at, will make him stride after the physician's office, and instead of being satisfied with his position as a preparer and dispenser of medicine, he will aim also at the office of prescription. Now we think that such will never be the result with a pharmaceutist, whose knowledge is wide and comprehensive. The very extension of any one's knowledge on a particular subject makes him modest as to his acquaintance with all others. He has learned how much time and care and labor is required to perfect one in a particular subject, and is hence disposed to prefer the results of others labors in their own specialities, to the slight knowledge which *he* may have of them. It is not the highly educated and well-trained pharmaceutist who avails himself of every opportunity, that offers, in order to exhibit his knowledge of therapeutics by prescribing for the sick. No ! where little knowledge exists of the proper subjects of his calling, we will find more arrogance as to the vastness of the mental capabilities and more presumption as to the necessity for their use. But when we find a conscientious appreciation of the difference in the two callings, and a comprehensive knowledge of his own, there we shall find one who avoids trenching upon subjects which do not belong to his own province and which interfere manifestly with the rights of the physician. The third article of the Code of Ethics, adopted by the Maryland College of Pharmacy, shows how thoroughly its members recognize the difference between the two callings, and how careful they are in drawing the lines which divide them. This article reads as follows : " As the diagnosis and treatment of disease belong to the province of a distinct profession, and as a pharmaceutical education does not qualify the graduate for these responsible offices, we should, where it is practicable, refer applicants for medical aid to a regular physician. The oft repeated assertion that many persons are not pecuniarily able to employ a physician may be met with the fact, that there are several excellent and well-managed Dispensaries where medical attendance and medicines are furnished gratuitously." Such doctrine we should expect from the enlightened mind which has been devoted to any branch of study. It is the quality of knowledge not to vaunt its own merits, or to usurp the place of others.

In an enterprise like the establishment of a College of Pharmacy the physician has nothing to lose and everything to gain. His prescriptions will be prepared by a scientific man, whose education and daily practice especially fit him for the duty ; while he will have one on whom he can rely for the preparation of new chemical compounds to meet new therapeutic indications with certainty and success. The apothecary is then no longer a mere vender of herbs with miraculous healing powers, of minerals whose properties were asserted to be of the most contradictory and ridiculous character, or of animal products, whose disgusting nature forbids us almost to entertain the thought that they were ever employed for medicinal purposes,—he is now the aid and assistant,—the good Samaritan who offers the oil and wine when the physician may think the exhausted energies of the sick demand remedial applications.

But may not all the knowledge we have referred to as necessary to the Apothecary, be obtained by reading in the shop, by carefully examining, in an experimental way, into the properties and uses of his drugs, and by practically employing himself in the details of Pharmacy ? This question would however serve as an objection against any and all education whatever, except that which a man acquires by his own unaided efforts. It is one, to which we dare not give a direct, categorical answer ; since a negative would not be truthful in some particular instances, and an affirmative would imply just as much error. We dare not, I repeat it, say that all this *might* not be accomplished, and has not been accomplished by some, whose perseverance and indomitable will, enabled them to conquer the difficulties which attend a private course of study. They have been enabled to gain a thorough and satisfactory knowledge, by dint of labor that few are equal to. The object of all teaching is to pave the way for the easiest possible acquisition of knowledge,—to furnish such guide-posts and finger boards along the road that the student shall not go astray, and wander in dark and obscure thickets by the wayside, but shall find that his easiest path is that which science illuminates with her own bright rays,—to free his mental vision from all error. It is not intended that the student shall be freed from all labor. For, there is no means of accomplishing mental labor, by appliances similar to those which the mechanic can contrive with the aid of steam or electricity. There is no royal road to learning ; no rail-train up the Hill of Science. With all our ability to conquer high grades, yet such a steep is only to be ascended by the slow-toiling foot traveller. If he starts without a guide, he may get himself involved in the intricacies of the bushy undergrowth which surrounds its base ; allured by the leaping mountain stream, his footsteps may be checked by the marshy ground that it has formed in the little hollow through which it passes ; attracted by some inviting path he may find himself, after days of labor, at the point from which he started, having encircled the base instead of ascending the hill. But with untiring perseverance he may overcome all difficulties and reach a commanding height. The number of those however is few in all professions and callings, who have, without aid and assistance, accomplished such a glorious result. We are proud to refer to them when we speak of what has been done by those who have pursued knowledge under difficulties. For the majority of mankind, however, guides must be procured who shall show where the best paths for the ascent are to be found, and who shall train the minds and judgments until they have acquired strength enough to grapple with difficulties without external aid, and ability to decide for themselves, which is the best path. The teacher occupies the peculiar prerogative of communicating to the taught, that which has been made familiar to his own mind by dint of special devotion to any subject, and thus preventing the consumption of strength and energy on that which may not require any such outlay. When the mind has become habituated to the work, like the tree which has grown stout and strong, it no longer requires props to support it, but, rejoicing in its own strength, encounters the storm with impunity.

Again, with private study there is a want of that system which ensures the most speedy success, and the most reliable results. The instructions of the college communicate system to the student's labors. He has presented to him by those who are conversant with the particular topic, in connected form, the laws which underlie its study, the facts which prove those laws and from which they have been deduced, and also the mode of investigation, by which other deductions may be made and other reliable facts accumulated.

Now to apply these ideas to the College of Pharmacy. The Materia Medica are presented to the student's mind in their relations to each other, and to the peculiar symptoms for which they are adapted. The striking points in the history of each are brought before him in a way that claims his attention. The eye is not only impressed with these, but the ear at the same time, and thus the two senses are brought to act contemporaneously in the study. In chemistry, the results of other's labors as well as those of him who lectures, are brought before the student, experiment demonstrates the truth of the principles laid down in the text-book, and the science becomes a living, actual fact instead of a mere sequence of dry detail. The same is true of practical Pharmacy. While the regular work of the shop would in course of time familiarize the apprentice with nearly all the processes of this art, yet the rationale underlying these, and their connection with each other would hardly be appreciated.

We can then sum up the utility of the college as consisting in the presentation of the surest and swiftest method of gaining a knowledge of Pharmacy, in clothing this knowledge in an attractive form,—bringing out the most important points for the student's notice,—and in giving him a connected view of the relations of the whole subject, which require his attention. If the instructors in such an institution are enthusiastic in their vocation, honest and true to their duties, all these ends will be obtained. But besides these, who does not know the value of system in study, and of the assignment of a certain hour to certain duties ; and still more the importance of bringing those together who are prosecuting similar investigations, and causing mind to brighten by collision with fellow mind ? This itself is of no small benefit. The youth feels the stimulus of laudable ambition, and enters with a generous and honorable rivalry into the field with his brethren. He lags not by the wayside, for he does not want to be recognized as inferior in abilities and diligence to his companions. Thus mutual emulation acts as the spur to the indolent, and a noble impulse to the industrious. If engaged in private study in the shop, he may easily be persuaded to relinquish his task for some other attraction, and no one will readily detect his negligence ; but if this is done here, the contrast is seen at once and odium rests upon him for it,—not only for the present but odium of that character which requires years utterly to irradicate.

In considering the utility of Colleges of Pharmacy, the subject naturally divides itself into three parts, relating to the different classes in the community interested in the matter. Let us then dwell for a short time upon each one of these divisions, and see how such establishments can be useful and protective to the Apothecary, the Medical Profession and the community at large.

I. We have glanced at the necessity of instruction, other than that acquired by means of private study ; now we give as one of the main reasons for the establishment of colleges, the fact that the Apothecary himself cannot, for want of time, communicate to his apprentices the varied information which is required of them for the proper prosecution of their calling. He is aided greatly by the instruction his apprentices receive in the lecture room. His own time, unoccupied by the duties of the shop can be devoted to private researches which will redound to the increase of the general stock of knowledge. A spirit of earnest desire is promoted on the part of the apprentice, to thoroughly understand a subject, so that he can not only be an efficient aid to his employer, but may eventually become a *Master in Pharmacy* himself. He rises above the position of a mere machine for mortar and pestle work, for trituration and decoction-manufactures, for unguent and plaster spreading, to that of an intelligent and reliable vender and dispenser of medicines. Neatness and cleanliness in his work, required particularly in this business, are cultivated by one who hears them systematically enjoined upon him in the repeated instructions of his Professors. There is need for their existence as he finds himself thrown into daily contact with his fellow-apprentices, and appreciates the fact that in the future contest for success, the world will favor him that seems most deserving.

The Apothecary is not tied down to his counter, when his apprentices begin to obtain a knowledge of the business, at once theoretical and practical. He has intelligent aids and feels no reluctance in leaving in their hands his reputation as a pharmaceutist, which is in fact done when he confides the preparation of his patron's prescriptions to their care. He is in the position of being able to communicate freely with his brethren at meetings, held from year to year, at different points of the country, and there by an interchange of views contribute to the advancement of the general fund of knowledge. He knows, in leaving home, his business is left with prudent and intelligent hands, and that no detriment will ensure. The complaint of the members of the American Pharmaceutical Association from country-towns, that they are often unable to attend its meetings, on account of the uninstructed clerks to whom they would be obliged to confide their business during their absence, presents strongly the necessity of a strict and systematic course of study for said clerks. The Apothecary feels, without an intelligent corps of assistants, that his absence can never result in anything but detriment to the establishment, and hence he is prevented from knowing what is going on outside of his little home circle, and availing himself of the aid and assistance, which would be conferred by it.

Again, the relation of employer and apprentice becomes more intimate and confidential, as the latter shows an increasing store of knowledge. The inducement to impart information is naturally greater, when the recipient is giving proof of his appropriation of what has been communicated before, than when the uncultivated mind is ignorant of the uses of such information. Hence as the apprentice returns from the lecture-room to his place behind the counter, he feels not only that he has gained some fact not known before, but that the things of which he is ignorant, are numerous and extensive enough to employ his whole life, and he is more willing to receive instruction from the employer than ever. His reading loses that desultory and trifling character which marks the early years of most men's lives. It becomes professional, and has some relations to the varied branches of science. The trifling and ephemeral literature of the day, does not hold out the attractions it did before he caught a glimpse of the brighter and more permanent beauties which science presents ; and now if he is disposed to venture into the department of Belles Lettres, a more judicious selection of authors ensures him some real, substantial return for the time so occupied. But he finds that the history, nay even the poetry of science has the most attractive charms. Here he can combine the beautiful with the useful, and while laying up stores of knowledge that will come into daily use, he may gather flowers whose beautiful colors and fragrant odors shall please the eye and charm the soul of man. He becomes the better Apothecary, and the better citizen, for *every* man who has qualified himself with care in his peculiar calling, becomes an honor to the community, and of priceless value as a citizen.

And the well instructed apprentice, having closed his pupilage, and having commenced business for himself, will see from his own past experience how necessary it is that his own employés should have the same advantages and undergo the same character of training to which he was subjected. Thus generation after generation of men are fitted and trained for the profession, and its own dignity and importance increases with the increase of knowledge among its members. This is the case with all callings ; we learn to respect them more as the dissemination of knowledge among their members produces an elevation of their position. An art always becomes more dignified when we find its cultivators understand the science which underlies it.

Another advantage of Colleges of Pharmacy is in the fact that they eventually become depots for the storing away of new contributions to knowledge, from which the profession itself can afterwards draw with greater confidence, than from any other available source, what has been done by its distant members. Journals occasionally give outlines of processes specious *in fact*,—may detail discoveries that are fallacious, as well as describe the new truths that have been garnered in by the patient and intelligent laborer. This is almost unavoidable. Their editors cannot always experimentally test the statements contained in the columns of other journals, nor even those of their own contributors. Hence this mode of diffusing information, so invaluable in many points of view, is liable to some objections, and cannot be compared with that, where the speaker not only announces the fact but experimentally demonstrates it, and satisfies the spectator both as to the result and the mode of operating to obtain it. The particular attention which is paid each to *specialite* would lead us naturally to expect a more perfect acquaintance with its progress from the Professor than from those who are more specific in their private studies. The constant frauds carried on in the drug trade must be here investigated, and whatever sure and reliable means can be adopted for their detection should here be explained in the clearest possible manner. This point alone has become so important that a separate chair in the college might find its time entirely occupied with the adulterations of drugs, as practised by unprincipled, ingenious foreigners and Americans. Fraud has crept in and most wickedly has adulterated those articles which are to be relied on as safeguards from disease. Without the aid of scientific advice the apothecary is unfitted to judge of its effects. Science has been brought to bear in the manufacture of the fraud, and without the aid of the former the latter cannot be detected. This one point alone would require a more intimate acquaintance with the principles of science, in order to keep pace at least with the detection of the rascality of the times. Physical properties no longer serve as true tests of the purity of a drug, because the taste, the color and the feel of the object may be perfectly imitated. We must go deeper into its examination to procure certain results. It may seem unnecessary to dwell upon the importance of this point, as those familiar with the subject will at once recur to countless forms of adulteration that have been invented during the past few years,—how quinia has been adulterated with starch, sugar, gum, sulphate of lime, mannite, stearine, margarin, salicin, cinchonia and a score of other articles, more or less inert and all inferior in specific properties to those of the pure alkaloid. The process of adulterations has invaded even our common articles of food and drink, and ingenuity has been taxed to bring large profits into the manufacturer's pockets, while the purchaser foolishly imagines he is procuring a very cheap and reliable article. The series of adulterations found in the coffee sold to our brethren of the British isles will make the extent of this recognizable to every one. We are told,* that "the coffee dealer adulterates his coffee with chicory to increase his profits—the chicory-maker adulterates his chicory with Venetian red, to please the eye of the coffee dealer ; and lastly, the Venetian red manufacturer grinds up his color with brick-dust, that by his greater cheapness, and the variety of shades he offers, he may secure the patronage of the traders in chicory."

The science required for the detection of pure drugs, it will thus be observed, is associated intimately with that required for the detection of adulterations, and this can be best obtained from those, as we have said, who have devoted their talents and energies to the study, and who, by constant and repeated practice, have acquired facility in communicating their knowledge.

One other argument on this point and we shall leave it. The instruction of the college is superior to that of the shop, because it occurs under circumstances when the mind of the student is not liable at any moment to be distracted from the subjects under consideration. While in the shop, however much may be the patronage it enjoys, there will be it is true, many hours of leisure which can be devoted to study, but there is always the liability of being called away just at the time when the investigation becomes most interesting. The mind cannot be so exclusively directed to the subject. But while in the college, the feeling that the hour has been set apart for a certain work, and that there is no probability of any intrusion, enables the student to devote his whole mental energies to the subject,—to take in everything relating to it. There is nothing to distract attention, and everything to induce it ; his fellow students bent upon the comprehension of the subject, the preparations on the lecture table, the animated words of the speaker,—all these invite him to receive and master the principles of his calling.

II. But the establishment of Colleges of Pharmacy are of invaluable benefit to the Medical Profession. Now, no two classes of men are more intimately connected than Physicians and Pharmaceutists,—more absolutely dependent upon each other, according to the division of duties which the progress of knowledge has determined to be necessary. In olden times, the two were combined in one person. Knowledge of the branches peculiar to both was by no means extensive enough to require a separation. The leech could compound the medicines that his studies had revealed to him, with as much certainty as the science of the times could furnish. But what was *that* science? Let us recollect this was in those days when all surgery was practiced by barbers, and that *it* was considered by no means as the most respectable of the barber's various employments. Let us recollect that this was at the time when the medical man required all possible mystery in order to keep the people from knowing his treatment, and to excite, as much as possible, faith in him and his remedies. But when his knowledge increased, it became evident that the preparation of medicines was an occupation of sufficient magnitude and importance to require the undivided attention of one person. The physician resigned this portion of his old duties, which had become rather irksome, since his attention was required by other branches of more immediate interest professionally; and, unless in country towns and villages, where circumstances prevent the separation of the prescription from the preparation of remedies, the two are kept absolutely distinct.

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* Johnson's Chem. of Common Life, I. 218.

Who can have more interest in the thorough education of the apothecary than the physician? Is not his reputation concerned in the result of every prescription he makes, and which he confidingly sends to the shop for preparation? His adjunct in the proper management of disease is the apothecary; all his prescriptions are based upon the perfect fitness of the latter. The combination that he adroitly throws together, of substances, whose therapeutic properties his experience tells him are likely to produce the desired effect, is worthless, and it may be worse, unless the prescription shall be rightly interpreted and properly prepared. Is not, then, the education of the Pharmaceutist a matter of vital importance to the physician? The latter labors, from his first entrance into his preceptor's office, to acquaint himself with the structure of the human frame,—toils over the dissection table until its recondite mysteries are clearly revealed; scrutinizes carefully the functions of respiration and circulation, of digestion, assimilation, and excretion; examines the development of the mystery of life from its starting point, the wonderful organic cell up to its full completion—the adult man; studies how he may bring relief after injuries which produce results requiring surgical skill and the aid of the knife; investigates the mysterious action of remedies upon abnormal actions and morbid substances in the human frame; constrains all branches of science to pay their homage to the court of Æsculapius, and with generous rivalry to pour out, from Cornucopiæ of treasures, rich and priceless gems for the aid of suffering humanity, too well satisfied if they can only be found available in the philanthropic exercise of the physician's art; devotes time, and talent, and assiduous labor to the investigation of disease and the alleviation of its most pressing and urgent wants,—finds nothing too much for him to give in order to compass the duties which devolve upon him, as a High Priest of Nature's inmost sanctuary. And all this, with inadequate returns, both pecuniarily and otherwise, for his mental and bodily labor, and sometimes met with contumely and reproach, because he cannot accomplish that which is impossible to fallible beings, and only within the reach of Omnipotence itself. I hesitate not thus to speak of the energy and self-sacrificing spirit of the medical profession,—and in this way to bear my own small tribute of respect and grateful admiration. Let them be honored by their fellow men with the rewards, which a due appreciation of their merits will demand!

With all the vast fund of knowledge possessed by the physician, he is still dependant upon the pharmaceutist for the completion of his arrangements in the treatment of disease. The latter is his constant and necessary associate,—the instrument for carrying out most of his conclusions and orders with reference to the sick. If the physician requires years of study to fit him for the treatment of disease, surely he requires that the dispensing apothecary should have a proper training as to the preparation of his prescriptions. His confidence in medicines will be of little worth, unless he can be assured that they will be furnished of a pure and unadulterated character, and compounded with accurate scientific skill. How often have not his most sanguine expectations been frustrated by the administration of a weak and adulterated article, instead of one of the proper strength and purity as contemplated in his prescription? The most serious results have also occurred from the ignorant mistakes of those who were unfitted for their business, and who have substituted some powerful alkaloid for a simple medicament prescribed. Where absolute dependance is so necessary, as in the relation of the physician and the apothecary, there should be no cause at all for the slightest ground of fear that *that* might be misplaced. Every thing demands the most thorough ability to represent the physician's order,—the sleepless eyes of the mother as she hangs over the couch of her beloved, — anxious and excellent friends watching the crisis of disease,—sorrowing children hanging with all love and tenderness around a patient's bed,—the shriek of pain and the wail of affliction,—all demand it. Suffering humanity, that has placed itself under the care of the medical man and with an abiding confidence is awaiting the result of his thought and his advice, demands it. Nature herself, who has supplied alleviating cordials and healing balms, demands it. All that has to do with the secret emotions of man, with his hours of affliction and suffering, with his relations to nature and his fellow man, requires that the apothecary should be *"an intelligent adjunct to the physician in combatting disease."*

Now as we have shown that proper preparation can best be obtained in the College of Pharmacy, we trust that the point is proven, of how great an utility these institutions are to the regular practising physician. We can well understand the sound judgment which dictated such language as the following in "the Address to Druggists and Apothecaries," adopted by the American Pharmaceutical Association, that the apothecary "should cultivate a good feeling toward the medical practitioners of his neighborhood, should study the interest of the latter, so far as the efficiency of medicines is concerned, and physicians will soon, from interest, incline toward him." We may add a still more powerful motive for such patronage on the part of the physician, and say that from *necessity* it would be conferred. The reliable apothecary is an invaluable treasure to the physician, and he will, by a natural course of things, find him out. It is as a shield and protection against deplorable ignorance and bungling inexperience that he will patronize him, and throw the weight of his influence for the support and maintenance of his shop. The ammunition required in his continuous warfare with disease must be supplied from an arsenal, where all is kept in efficient, working order.

Is it too much, then, to ask that medical men should acknowledge their anxiety to have a host of scientific apothecaries—a band of reliable dispensers of medicine—by lending the countenance of their influence to every attempt, well-conceived and judiciously-planned, for the foundation of a College of Pharmacy? It is as necessary that the most convenient and available means be adopted for the proper education of the pharmaceutist, as it is that every effort should be used to increase those for the training of the physician, at least so long as prescribing and dispensing shall be the duties of two different persons. We claim that the physician should give every aid and encouragement to such changes; and that he should discountenance all those who have disdained to employ the advantages of these colleges, where such have been placed at their disposal, full as much as he would hesitate to consult with one who had not passed through a medical college in the preparation of his preliminary education. This, of course, applies to cases where collegiate advantages have been within reach of the pharmaceutist. Where this has not been the case, the physician will always discriminate between him who has fitted himself by the advantages within his grasp, and one who has neglected so to do.

III. Lastly, we wish to dwell for a few moments on the utility of Colleges of Pharmacy to the community at large,—or rather, on the importance of having educated pharmaceutists to dispense the prescriptions which the attending physician has ordered. It is not only the matter of reputation with these, as with the pharmaceutist and the physician, which makes it desirable that a high character of education should be established for the dispenser of drugs. Life is often concerned. A mistake is not only an indication of ignorance on the part of the apothecary, but it may be death to the patient. The possibility of such an event as the fatal termination of a case, where a wrong drug has been substituted for the proper one, may not only exist, but quite a number of cases, illustrative of this, have occurred. The newspapers, from time to time, tell us how strychnia has been substituted for morphia, oxalic acid for sulphate of magnesia, arsenic for a number of white powders, which it may resemble in physical qualities, and other blunders of a similar kind, and how the mistake has resulted in the loss of life. We say there is no protection for the community, when implicit reliance is placed in a pharmaceutist who is ignorant of his business, and the sciences on which it is based. It is like permitting a man to walk through a cellar, where a great quantity of powder has been stored away, with a lighted candle. He may pass through, time and again, and no evil result; but the time may come when a spark shall ignite the powder, and destruction will be certain. The danger, however, of such a result, is always imminent. And the ignorant apothecary may dispense medicines for a long time, and no harm result; yet, there is a fear always to be felt, that the time may come when a sad result may attend such ignorance. We need not only expect that the people will recognize in a negative way the necessities of Colleges of Pharmacy, but rather expect to see them demanding them most positively from the profession itself. The health of friends and families depend upon it; the prescriptions of the physician are null and void without the educated ability to put them up. While they demand that their medical attendant shall know his business thoroughly, they should in all justness and fairness ask the same of his adjunct.

Then, as a protection from the injurious effects of ignorance, we do not hesitate to claim the support of the community at large to all such enterprises. As wide a difference exists between him who intelligently prosecutes the business of the pharmaceutist and the mere bungler, as between the preparations which the pharmaceutical chemistry of the present day furnishes us, and the horrible decoctions which superstition prepared centuries ago, with all imaginable terrifying rites, for the cure of disease. In the one case there is truth and certainty—in the other ignorance and stupidity.

Not only may positive injury be inflicted by the substitution of powerful drugs for weaker ones, but the opposite substitution may result fatally in cases where the immediate action of a powerful one was required. Again, reliance can only be placed in the apothecary for the purity of his stock. If inert impurities are present, which is mostly the case where adulterations are employed, then we have the second difficulty just named. In any case, the effects of both the medicine and disease are trifled with, and all because the individual dispensing them has not properly fitted himself for his business. The community is bound in self-defense to further the interests of institutions for this kind of instruction.

Selections from Favorite Prescriptions of Living American Practitioners. By Horace Green, M.D., LL.D., &c.

Excitants and Alteratives.—(Continued.)

Among the remedies obtained from the organic or vegetable kingdom, are several therapeutic agents that are not found in many foreign pharmacopœias, but which are much employed, and are held in high estimation by many American Practitioners. Among these may be mentioned the *Sanguinaria Canadensis*, the *Actæa Racemosa*, or *Cimicifuga Racemosa*, as this plant is named by some botanists; and the *Veratrum Viride*, or *American Hellebore.*

The Sanguinaria, or bloodroot, has been long employed as an excitant and alterative, and is a favorite remedy with many practitioners in New England, and in the Western States. It is ordinarily administered in the form of tincture; but the officinal preparation of our pharmacopœias (four ounces of the root in two pints of diluted alcohol,) is nearly an inert preparation; and, as this is the strength of the tincture ordinarily kept and dispensed by our apothecaries, we have long been of the opinion, that the disappointment in the effects of this remedy, which has occurred to many practitioners, has arisen altogether from the fact, that they have prescribed a preparation too weak to be efficient. We have used the Sanguinaria in the treatment of disease, during a period of many years, but we have always employed the *saturated tincture*, (four ounces of the bruised root macerated in *one* pint of diluted alcohol,) and we can speak with much confidence with regard to its valuable therapeutic properties.

The following combination of the bloodroot, with the compound tincture of aloes, is employed by some experienced practitioners in Ohio, in the treatment of a torpid condition of the bowels, arising from a derangement of the hepatic organs, and is esteemed an excellent eccoprotic:

℞. Tinct. Sanguinariæ. Sat.
Tinct. Aloës Comp. p. æ.
Fiat Mistura.

From 30 to 60 drops of this preparation may be administered twice, daily. It tends to improve the digestive organs, and to increase the peristaltic action.

℞. Tinct. Sanguinariæ. Sat.
Vini Ipecacuanhæ p.æ.

to which, in some instances, a little laudanum is added.

The above combination is employed by many Western practitioners, in the treatment of fevers, and is considered by them a most excellent *febrifuge*. But, it is in the treatment of some forms of cough, dependant upon bronchial or pulmonary irritation, that we have found the saturated tincture of Sanguinaria to be a remedy of the highest excellence.*

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* The following is the original formula for the preparation of "Ayer's Cherry Pectoral:"

℞. Morph. Acetat. - - gr. iij
Tinct. Sanguin. Canaden. ʒij
Vini Antim. et Potass. tart.
Vini Ipecacuanhæ - aa ʒiij
Syrupi. Pruni Virgin. - ℥iij
M.

℞.	Tinct. Sanguinariæ.	℥i
	Tinct. Opii.	ʒij
	Vini Ipecacuanhæ,	ʒvj
	Syr. Tolutan.	℥ij

Fiat mistura, quorum capiat M. xxx usque ad lx quater in die.

In catarrhal affections, and in cases of troublesome cough following influenza, the above preparation may be given with much advantage.

We have employed the preceding mixture for many years, to mitigate the cough in the early and in the advanced stage of phthisis.

Should the cough be dry, or much inflammatory action be present, antimonial wine may be substituted for the syrup of Ipecac, and less of the anodyne be added, as in the following:

℞.	Tinct. Sanguinariæ.	℥i
	Morph. Sulph.	gr. iss
	Tinct. Digitalis	
	Vini Antimo.	aa. ℥ss
	Ol. Gaultheriæ.	gtt. x

Misce.

This may be administered, as above, in doses of from 20 to 40 drops twice or thrice, daily.

We are assured by an old and experienced physician of this State, that he has succeeded in overcoming habitual constipation more frequently with the following pill, than with any other laxative:

℞.	Sanguinariæ Pulveris.	
	Rhei Pulveris.	aa. ʒj
	Saponis.	℈ij

Misce. et cum aquæ fiat mass. in pilulas xxxii dividenda, quorum capiat una mane ac nocte.

The *Actæa Racemosa*, or *Cohosh*, or *Black Snakeroot*—names by which this plant is sometimes called—is a native of the United States and of the Canadas. It has been employed as a popular remedy in this country, for many years, for the treatment of pulmonary diseases, rheumatism, chorea, anasarca, etc. Early in the present century, a nostrum, or secret remedy, which obtained great celebrity in many of the New England States, on account of its success in the treatment of rheumatism, was composed principally, as it was subsequently ascertained, of a saturated tincture of actæa racemosa.

We find this remedy to be held in high estimation by many excellent practitioners from different parts of the United States, for the treatment of the above named, and other kindred diseases. During a period of more than twenty years, we have employed the actæa as a therapeutic agent, either alone, or in combination with other remedies, with great advantage.

It is best administered in the form of tincture, but it may be given in substance or in decoction. The *saturated* tincture (four ounces of the root to *one* pint of alcohol,) should only be employed. It may be given in doses of from twenty to forty drops, repeated every two or three hours, in the treatment of acute rheumatism.

Its powers in rheumatic affections, and in anasarca, are greatly increased by administering it in the following combination:

℞. Tinct. Actaæ Racemosæ. - ℥i
Potassæ Iodid - - ʒij
Syr. Ipecacuanhæ - - ℥i
Aquæ font. - - ℥ij
Misce. d. coch. parv., bis terve in die.

In chronic bronchial disease, and in the early stage of phthisis, it has been proved to be an excellent and efficient remedy, when combined with an anodyne, and the tincture of Sanguinaria.

℞. Tinct. Cimicifugæ Racemosæ.
Tinct. Sanguinariæ - aa ℥i
Morph. Sulph. - gr. ij
Syr. Acaciæ. - - ℥ij
Misce. quorum exhibe coch. parv., tusse urgenti.

In the treatment of *chorea*, the *cimicifuga* has been extensively employed in the United States.

After free purging for several days, preparatory to its use, many practitioners depend altogether upon this remedy for the cure of chorea. By some it is administered in the form of decoction.

℞. Cimicifugæ Racemosæ - ℥j
Aquæ Ferventis - - Oj
M. ut Fiat, Decoction. cujus sumat, coch. mag. ij ter in die.

Other practitioners prefer the use of the powdered root, administering it in doses of a teaspoonful three times a day.

In the treatment of dropsy, the following is a preferred prescription, and has been much employed by an experienced practitioner in Massachusetts:

℞. Tinct. Cimicifugæ Racemosæ. ℥j
Tinct. Myrrhæ. - - - ʒvj
Tinct. Opii. - - - -
Tinct. Capsici. - - aa ʒj
M. Fiat Mist. Capiat M. xxx *vel* xl. quater in die.

The *Veratrum Viride*, or American Hellebore, is found in various parts of the United States, and is a native also of the Canadas. The plant is known in some places as *Swamp Hellebore, Indian Poke,* &c., and is found growing in swampy places, in meadows, and along the borders of water courses. It belongs to the same order of plants as the Colchicum Autumnale, and was highly recommended, many years ago, by Professor Tully, of New Haven, as a substitute for colchicum in the treatment of many of those diseases for which this latter remedy has been employed. Within the last few years, public attention has been called especially to the remedial powers of the veratrum viride, by Dr. W. C. Norwood, of South Carolina, who has devoted much time and careful attention to ascertain the nature, properties, and uses of this powerful remedy; and whose vast experience in its use, he declares, "fully justifies him in confidently assert, ing to the profession, that it stands unrivalled as a curative agent." The experience of Dr. Norwood as to the effects of veratrum in disease, has been corroborated by some of the most eminent physicians of the Southwest. In a paper read before the Tennessee State Medical Society, and published subsequently in the *Nashville Journal of Medicine and Surgery,* Professor C. K. Winston asserts that the veratrum viride is an arterial sedative of high power; that the most remarkable and, at the same time, the most important physiological effect of the remedy is the reduction of the heart's action. The pulse, he affirms, may be reduced by the veratrum, "from 130 to 40 beats in the minute, with entire safety to the patient, and without the least injury to the circulatory or nervous system."

Employed in the early stage, before the occurrence of organic lesions, the veratrum viride is peculiarly adapted to the treatment of pneumonia, pleurisy, rheumatism, typhoid fever, pulmonary inflammation; and, in the phlegmasiæ generally it is regarded as more or less valuable. In a pamphlet recently published by Dr. Norwood, on the "Therapeutical Powers and Properties of Veratrum Viride," the author reiterates his confidence in the great value of the remedy, and appends the favorable opinions of many eminent physicians of the South and West, who have employed the veratum with great success in the treatment of disease. "We rely on it," writes the author- "as the remedy in typhoid fever, and administer it with every assurance of success. We put the patient on the free use of it, and press it till every symptom is controlled or arrested. Our plan is to reduce the pulse to between 55 and 75 beats, and keep it at the point desired night and day. In some cases, it should be reduced at least to the natural standard, if not below it. By this kind of reduction the febrile and inflammatory symptoms vanish, and the patient is kept quiet and tranquil and comfortable."

In Pneumonitis, Dr. Norwood "considers it as much a specific as quinine is for intermittent fever;" and in combination with diuretics in the treatment of scarlet fever, he "finds it superior to all other remedies he has ever tried." With regard to the power of the veratrum viride to reduce the heart's action, no doubt whatever can remain.

We have employed the remedy frequently since 1851, when Dr. Norwood gave us a quantity of the tincture prepared by himself. It has never failed in our hands, when properly administered, to diminish arterial action. In one instance of tuberculosis, a pulse of 120 was reduced to 58 beats in a minute, and kept steadily at that point day after day. Its effect, as an arterial sedative, has been fully tested by our colleague, Professor Carnochan, on many of his patients in the Emigrants' Hospital. In one case, a pulse of 130 was reduced 68 in fifteen hours; and in a case of articular rheumatism, the exhibition of the tincture in doses of from five to eight drops every three hours, a pulse of 120 was reduced to 30, in fifteen hours.

The saturated tincture, "made by macerating eight ounces of the dried root in sixteen ounces of alcohol for at least two weeks," is the form in which the remedy is usually employed.

In the following combination, the tincture is administered by Dr. Norwood:

℞. Tinct. Veratri Viride.
Syrupi Scillæ p. æ
Misce intim.

Of this mixture to an adult male, Dr. Norwood advises to begin with from four to six drops, increasing the amount from one to two drops at each subsequent dose, until the pulse is reduced, or nausea and vomiting are occasioned, when the medicine is to be diminished one-half, and continued so long as may be necessary to prevent a return of the symptoms. In females, commence with from three to four drops, and increase the above until the necessary result is obtained.

When administered to children, the remedy is given in the following proportions:

℞. Tinct. Veratri Viride. ℥ss
Syrupi Scillæ. - ℥jss
Misce bene.

From two to three drops of this combination may be administered to children (from one to two or three years old) according to the age, increasing one drop at each subsequent portion, until arterial action is reduced, or nausea or vomiting occasioned.

When the veratrum is administered too freely, nausea and vomiting will, in some instances, be very severe, and will be attended with prostration, and great coldness of the surface. When these symptoms occur, they are promptly relieved by the administration of an opiate, and brandy or any of the alcoholic stimulants.

Moral Insanity.

The subject of moral insanity, through its introduction as a plea of defence upon a late celebrated criminal trial, has become invested with a strange interest, both professional and romantic.

Anticipating that a brief account of this affection, as at present understood by our best authorities, will be of interest to our readers, and appropriately precede any review we might hereafter make of the psychological aspects of that trial, we have prepared the following:—

Moral insanity, as a distinct form of mental disease, was first brought into notice by Pinel, who found among his cases of insanity, a certain number presenting no delusions nor any apparent alteration of intellect, and yet exhibiting, as he said, a perversion of the manifestations of the will, in a blind impulse to violence or rage. It was denominated by him, *manie sans delire.* Succeeding Pinel, we find Esquirol, Georget, Hoffbauer, Prichard, Ray, and others, advocating and developing this idea, until, as defined by Prichard, with some limitation as to the complete integrity of the intellect in this affection, moral insanity has come to be almost generally recognized. He defines it as "consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder, or defect of the intellect and knowing and reasoning faculties, and particularly without any insane illusion or hallucination."

The theory of moral insanity as thus stated, however, has not been unquestioned. In opposition to its acceptance, it may be sufficient to quote such names as Moreau, Falret, Foville, and Heinrich. Even its supporters are not unanimous, as we have said, as to whether the intellectual faculties are really uninvolved in it or not.

Like other forms of insanity, it is spoken of as general or partial, according to the extent of the invasion of the moral faculties. Before alluding particularly to the characteristics of general moral mania, we would mention that in almost all cases some physical disease precedes its appearance, and to the lesions produced by which it may be directly referred. Thus, upon investigation, it may be found to date from some attack of epilepsy, or palsy, or some cerebral or inflammatory disorder, materially affecting the whole constitution, as it is called, of the individual.

We should expect, then, to find in one laboring under moral insanity, a marked change in the susceptibility or capacity for feeling. The same objects or influences would not affect him in the same way, or degree, as before. He would feel them, it might be more or less keenly, but certainly not in the way usual to him. And not only would it be a change in degree, but of nature, so that the feelings would be most likely the very reverse of those natural to him in a state of health. For instance, if once a kind, domestic, friendly man, he would become the social tyrant, full of bitter hatred and malevolence towards his nearest and dearest friends, seeing in their kind offices nothing but efforts to injure and annoy him, and visiting upon their heads the whole catalogue of his woes.

This revulsion, causeless and complete, of one's natural feeling towards family and friends, has been always esteemed an important diagnostic sign of this affection.

Again, we should expect to find the habits, temper, principles, and inclinations revolutionized, and always deteriorated. Sobriety, integrity, and virtue, we should look to see displaced by vices directly their opposites, and elevating aims for life sunk in degrading immoralities. If before mild, modest, and silent in his deportment, he would now become bold and loquacious. The least contradiction would irritate him; he would gesticulate forcibly, talk rapidly, and argue well, ascribing the advice and conduct of others to sinister motives, and explain his own plans, acts, and failings plausibly and ingeniously, however absurd, or cruel, or reprehensible they may have been.

In some the excitation of passion and feeling appears a permanent condition, manifesting itself similarly to that produced by the use of alcoholic drinks. In others the disease is marked by periods of several weeks duration, of alternate exaltation and depression. Under these two forms, the continued and the alternating, may symptomatically be arranged, nearly all the cases of general moral mania.

In some, the religious element enters as a prominent feature in the case—the individual affecting extreme piety, and at the same time making by his acts and words mere mockeries of "things divine." In regard to their temporal matters, some of the strangest inconsistencies are frequently met with. Plans of the wildest and most visionary character may engage the attention, and yet be accompanied by the most sanguine hopes of their success. Great objects for the benefit of the human race may occupy the thoughts for one day, and be changed the next for grand schemes of personal aggrandizement.

The foregoing imperfect description, drawn mostly from nature as exhibited in the few cases of this disease, that have fallen under our notice, may be appropriately followed by that of Esquirol, who thus graphically portrays the characteristics of general moral mania :—

"In reasoning monomania, the patients are active, and constantly in motion ; converse much and with vivacity. They were amiable, frank, generous; they have become peevish, deceitful, wicked. They were full of affection towards their relatives ; they are now discontented, and speak evil of those they once loved, and fly from them. They were provident ; they are now profuse. Their actions were regular ; they are now inconsiderate, adventurous, and even reprehensible. Their conduct was suited to their state and social condition ; it is now irregular, and in no respect suited to their position and fortune. Motives always determine them. By their deportment and conversation, these persons impose upon those who were not acquainted with them previous to their illness, or who see them for a brief period only ; so well do they know how to restrain themselves and to deceive."

That blind instinctive impulse, which prompts to the commission of crime is described under the head of partial moral mania. In this, many divisions are made, depending upon the particular propensity or passion which predominates. Thus we have described by writers :—

Homicidal mania (morbid propensity to kill).
Suicidal mania (morbid propensity to self-destruction).
Pyromania (morbid incendiary propensity).
Kleptomania (morbid propensity to steal).
Pseudonomania (morbid lying propensity).
Oinomania (morbid propensity to drink wine).
Aidoiomania (morbid sexual propensity).
Oikeiomania (morbid state of domestic affections).

Various synonyms to the above terms have been employed by writers, and several other forms mentioned, which are here omitted as tending to cast no additional light upon the subject. It is evident that any particular propensity may, by a rank and inordinate growth, overtop all the rest. The influence which it would therefore exert upon a particular course of action, or a life generally, would be overshadowing and powerful. If evil in its origin, its developments would be towards criminality. But the apologist of crime cannot thereupon coin a new term, and say we have here an addition to make to the forms of partial moral mania already found enumerated. Until such propensity be established as the offspring of disease and the result of a morbid condition of the brain, it cannot be thus admitted. A careful analysis of all the symptoms, a thorough and complete knowledge of the previous history of the case, and a practical acquaintance with the operations of the mind when affected by disease, are necessary for this diagnosis.

Of the different forms of partial moral mania, that of homicidal character has been most carefully observed, comes most frequently under consideration of the courts, and is the most generally recognized by writers. Esquirol, describing this form, says, "These maniacs perceive, compare, and judge correctly, but they are drawn aside from the slightest cause and even without an object, to the commission of acts of violence and fury. They are *irresistibly* impelled, they assure us, to lacerate and injure themselves, and destroy their fellow beings. These wretched persons have a consciousness of their condition, deplore their situation, warn their friends to protect themselves against their fury, or place them where they can do no harm."

The homicidal act of the real criminal, is to be distinguished from that of one laboring under this form of insanity, by learning the family predispositions to disease, the temperament, the habits, the physical diseases of the individual, the manner of and motives for committing the act, the conduct pursued after commission, and observing if any marked change has occurred in the general character. In most cases there is some physical disease which precedes its development. On this point Dr. Ray justly remarks :—"In nearly all, the criminal act has been preceded, either by some well marked disturbance of the health, originating in the head, digestive system, or uterus, or by an irritable, gloomy, dejected, or melancholy state, in short, by many of the symptoms of the incubation of mania. The absence of particulars in some of the cases we find recorded, leaves us in doubt how general this change really is ; but a careful examination, would no doubt often, if not always, show its existence, where *apparently* it has never taken place."

Although the foregoing brief account of moral mania may be sufficient for the object intended, yet it seems proper to point out some of the normal conditions of mind with which it might be confounded.

Eccentricity may closely resemble insanity, but if a perfect record be obtained, the psychological physician can hardly fail to recognize and distinguish these conditions. It may accompany this affection, but even then, some noted change in the conduct will be observed, and unmistakable signs of organic disease be found.

Dr. Taylor, who includes moral insanity under the head of monomania, gives the following characteristics :—"In monomania, there is obviously a change in character, the individual is different to what he was : in eccentricity, such a difference is not remarked :—he is, and always has been, singular in his ideas and actions. An eccentric man may be convinced that what he is doing is absurd and contrary to the general rules of society, but he professes to set them at defiance. In eccentricity there is the will to do or not to do, in real monomania the controlling power of the will is lost." In determining the condition of mind, it is indispensably requisite that the individual be compared with himself. "Tot capita, tot sensus." Dr. Ray remarks that, "Some men's ordinary habits so clearly resemble the behavior of the mad, that a stranger would be easily deceived."

Moral turpitude also, must be distinguished from moral insanity. In one, passion is the vice of character ; in the other a result of disease. If the passions be indulged from early life, the conscience becomes blunted, and a feeling of guilt is hardly experienced from the commission of the greatest crimes—the mere act, or repetition of acts, unless shown to be entirely motiveless, being no evidence of insanity. On the contrary, a marked and decided change in the character of an individual suddenly occurring, and connected with some physical nervous disease, is strongly indicative of a disordered mind. While the one has a real knowledge of the relation of things, and possesses the power of deciding, although his propensities be strong, the other no longer has this power. The agency of the will, whether free or otherwise, decides as to the character of the act. M. Guislain says, "So long as the patient preserves the consciousness of his acts, and at the same time his *free will*, he is not insane, although he may experience a disorder in his ideas." M. Brière de Boismont, has termed moral mania, "Folie d' action," which name gives a very good idea of its specific distinction. A change in conduct being essential, a brief examination cannot furnish the necessary facts for a correct diagnosis. Pure moral mania (if such a disease ever exist) can only be recognized by an accurate knowledge of the previous history of the individual. Most authors however agree in the opinion, that the intellectual faculties are more or less involved in moral insanity ; consequently, a brief examination might detect a delusion resulting therefrom. The following quotation is given from Dr. Forbes Winslow, who is noted for favoring the plea of insanity in criminal cases :*—" The moral part diseased, and the intellectual part sound and intact, is a condition that the human mind never presents. In such a sense, we should deny that moral insanity, as a disease, exists. Show us a man whose moral you say is diseased, but whose intellect is always clear and uninfluenced by his moral abnormity, and we will answer, that since it is the function of our intellect to weigh what is wrong against society, and to direct aright the actions prompted by the moral, that man is responsible for his conduct to his fellow men, but we deny that such a man is insane ; we deny that he is diseased."

The characteristics of intellectual insanity are delusion and hallucination, but to determine their existence, the examination must be conducted with great care. The moral qualities being more especially affected, the change in the intellectual might be readily overlooked. The skilful and scientific psychologist approaches a decision in these cases, not rashly, but carefully and with a full sense of all the difficulties that surround it. The determination of the question of responsibilty, or irresponsibility is delicate, perplexing, but not impossible. With the principles for our guidance laid down by Feuchtersleben on this point, we close our remarks

He says :—" He who is psychologically free, in a medical sense, is liable to responsibility, and vice versa. This definition is decisive and universally valid, when the decision of the physician is required, for it is only that psychological freedom which is identical with health, that belongs to his province. It is on that alone, that he has to give his opinion ; there is here only one will which is not free, namely, that which is fettered by disease, no quarter free, or half free will. Passion, bewilderment, want of education, enthusiasm, &c., may indeed impede self-government ; but the will, in these cases, is only morally, not physically fettered ; that is, it is free in a psychologico-medical sense. Neither passion, nor emotion, nor habit can exclude imputability." " This standard must be maintained, if we would avoid falling into the extreme of ultra-philanthropic tolerance, which now and then flatters the tendencies of our age. This extreme would in science neutralize the endeavor to lay down definite boundaries, and, in life, would aid vice and crime in their escape to a convenient city of refuge."

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* Psychological Journal, No. xxx., page 215.

REVIEWS AND BIBLIOGRAPHY.

" Nullius addictus jurare in verba magistri."

Handbook of Chemistry for the use of Students. By W. Gregory, M.D., F.R.S.E. Edited by J. Milton Sanders, M.D., L.L.D. 2 vols. New York : A. S. Barnes & Co. 1857.

The accumulation of Text-books and Treatises on the subject of Chemistry has become almost appalling to those who give their attention to this specialitè. Our shelves are speedily crowded with books of this character, written with all degrees of merit, from the miserable compilation of Comstock—at one time the terror of all village school-boys and girls—through various grades up to the late publication of Gmelin's Handbook, that grew, without any attempt at prolixity, to the capacious dimension of twelve volumes, nine of which in good English dress have been given to us by the Cavendish Society. And yet, notwithstanding the replete condition of our shelves, we anxiously seize every new book on the subject, with the hope that it may be free from the defects of its predecessors, and that more system and order may be exhibited in the arrangement, and that the neophyte shall not be intimidated at a seeming *rudis indigestaque moles.* How often are we not disappointed on an examination of the new comer ? Like bubbles of Phosphuretted Hydrogen, which, as *Jack wi' the Lanterns,* delude the bewildered traveller into marshy grounds, where he finds nothing of the attractive light that first met his gaze, but plunges about in utter darkness—like these gay deceivers from Nature's Laboratory, most of the *new* Text-books on Chemistry are simply attractive from their exterior, containing nothing within which will satisfy the expectations founded on the external attractions.

Chemistry is so emphatically a science of progress, that systems for teaching it must be reconstructed from time to time so as to make them sufficiently comprehensive to include at least the most important facts, which have been acquired by modern research, and the laws which underlie these. If an author neglects to admit the changes which new discoveries make so necessary, or if he refuse to keep his treatise up with the progress of the science, it is right that it should be displaced in favor of other and better treatises. Any cause indeed that will make a Text-book fall below the gradually-rising standard of what such a Treatise should be, will ensure its banishment from the student's table.

At this present time, there is great need of a text-book on Chemistry, well fitted for the use of medical students. Turner has become obsolete, because the work grew by the accretion of external particles which various editors had plastered on until the beauty and symmetry of the original was hidden amid the mass of additions and could no longer be recognized ; Grahame, in the first edition of his Chemistry, introduced a new species of text-book—profoundly scientific and yet clear and charmingly interesting. This characteristic was retained in the second edition of the first part, but the publishers have announced the second part as "*preparing for publication*" for more than six years, and we suspect his comfortable berth in the Royal Mint has given him a distaste for work. Regnault's Chemistry is a good treatise on Inorganic Chemistry—a species of Encyclopædia of the most important principles of this branch of the subject, but the portion devoted to Organic Chemistry is disproportionately small, and is defective as a treatise for the medical student. Fownes—the best treatise of its size—needs a reconstruction of the Organic as well as the Physical portion. Just at this crisis, the fourth American edition of Gregory appears, and we greet it with much pleasure, as more nearly approximating what we wish for the profession than any of its predecessors. The book is well edited by Dr. Sanders, who has written, by way of an Introduction, an account of the Imponderables, which Dr. Gregory had not comprised in the English edition. It seems necessary to prefix to our American text-books on Chemistry some account of what has been properly called the Physics of Chemistry—and we are very well pleased with the manner in which the editor has accomplished this part of his task, although we feel inclined to differ with him as to the propriety of consuming 40 pages on the subject of Photography, while he only finds room for 1½ on Frictional Electricity. Were the treatise one on Applied Chemistry, the lengthy discussion of the former subject, with details of the practical operations of the art, would not be out of place—but in a book specially intended for our profession, an author should be particularly jealous of consuming much space on subjects which are not of direct importance in medicine.

The articles on Light and Heat are written with great clearness and present, in a condensed form, the modern views on these subjects. In treating of Physiological Electricity he mentions the experiment with which the papers were lately filled, of removing mercury from the human system by galvanic electricity, and a case is cited, as having occurred under his own observation, where he says, the feet, being placed in a foot-bath containing some water acidulated with hydro-chloric acid, were allowed to rest on a polished plate of copper, to which the negative wire of the battery was attached, while the positive was grasped by the patient's hand. In an half hour, the copper plate was found to be covered with a white substance which proved to be minute globules of mercury. We have never had an opportunity for testing this process for the removal of mercury, and although our incredulity is very great as to the feasibility of the proposed method, yet the respectability of the witnesses as to its efficiency and the known facts with reference to the decomposing power of Galvanic Electricity, force us to admit its possibility. It were well if some experiments were made by the profession on this subject, and the results, said to be obtained by the process, either confirmed or absolutely denied.

Dr. Gregory's portion of the first volume, comprising a consideration of the elementary constituents of matter, has been prepared with that care and judgment, which show a combination of thorough knowledge of the subject with large experience as to the wants of medical students. No space is consumed in useless discussion. Those subjects which have specially attracted the attention of chemists, within the last few years, such as aluminium, are treated at sufficient length to give a very good idea as to the true mode of their preparation and their real properties. His description of that type of polybasic acids—phosphoric acid—contains a very clear and intelligible statement not only of Grahame's view with reference to its three modifications, but also of Liebig's much simpler theory. Our readers are conversant, we presume, with the former, which assumes that *mono*, *bi*, and *tribasic* phosphoric acids are simply hydrates of the anhydrous PO_5, which being once established they acquire the property of combining with 1, 2, or 3 equivalents of base. Liebig's view is not so generally known, and Gregory has represented it here very fairly ; the three acids are considered "as radically different, being formed of hydrogen, united in each to a different compound radical ; and that as in the first there is only 1 eq., in the second 2 eqs., and in the third 3 eqs. of hydrogen, the salts must necessarily contain equivalent portions of metals, which in the two latter may replace the hydrogen either wholly or partially, as in other polybasic acids." The following formulæ will represent Liebig's view of the composition of the three forms of Phosphoric acid and their salts :

Monobasic Acid.		*Bibasic Acid.*		*Tribasic Acid.*	
Acid.	Salts.	Acid	Salts.	Acid.	Salts.
PO_6,H ;	PO_6M.	PO_7,H_2 ;	PO_7,M_2.	PO_8,H_3 ;	PO_8,M_3.
			$PO_7\begin{cases}M.\\H.\end{cases}$		$PO_8\begin{cases}M_2.\\H.\end{cases}$
					$PO_8\begin{cases}M.\\H_2.\end{cases}$

There is one remark to be made *against* the arrangement of the Inorganic Chemistry—that the author has described all the oxy-salts under their generic names at the end, instead of considering each under its proper metallic source. We know that this plan has received the sanction of Turner, but every teacher must have felt its inconvenience. When the subject of any particular element is under consideration, the student should have a connected view of all its compounds. If those compounds, which are known as Haloid salts, are to be studied along with the respective metals, why not also the oxy-salts ? If their consideration is to be left until the whole of the elements are gone over by the student, he loses his interest in their study. It may be well that students should learn the *generic* properties of sulphates, carbonates, nitrates, nitrites, &c., but it is of special importance that the *specific* characters of the various articles of these groups should be thoroughly studied in connection with their metallic sources. Gmelin has followed the plan of including under the consideration of each element all the compounds which belong to it, and those who have used his invaluable Handbook for daily reference will testify to the value of such an arrangement.

We must make one other remark as to "*the display*" of the book, which will apply to both volumes. It is very convenient in using a book for reference or study, that the type, with which it is printed, should have such a difference in size, that the different divisions, subjects treated, &c., could be recognized at a glance. Desilver's sixth edition of Johnston's Turner is well printed for this purpose. We are able to find what we want, and very quickly. Now, this edition of Gregory is beautifully printed on unexceptionable paper, but the Publishers will allow the suggestion that, in another edition, they will confer a great favor on those who are to use the book constantly, if they will aid them in the use of it by employing type that shall show, at a glance, the different divisions, the names of the elements and their compounds, and relinquish the present size which is scarcely distinguishable from the text.

The volume on Organic Chemistry, we take it, is the best that has appeared for the use of the medical student. Dr. Gmelin has not occupied his pages with lengthy discussions on the various theories, which have been proposed and warmly discussed by the best scientific minds of our day, as to the true rational formulæ of organic compounds. It is right that the student should know what the theory of Compound Radicals is, as supported by Liebig and Berzelius, and should not be ignorant of the "Theory of Types" and the "Law of Substitution," but he cannot afford the time required for the discussion of these subjects to any length. He wants the facts of Organic Chemistry—the properties of organic bodies and, as far as possible, the *rational formulæ.* But if either is to be neglected for want of time, it is the latter; he can submit to an *empirical* formulæ better than he can to an ignorance of the properties of an organic substance. Unfortunately, classification, naturally difficult in a branch which is but in its infancy, has invested Organic Chemistry with much to intimidate the student. He fears to enter such a maze, lest he may become inextricably involved. Gregory adopts Liebig's theory with regard to compound Radicals because it has "the advantage of uniting those substances which are naturally allied in composition." The whole arrangement seems to us, without really being able to stand the test of close scientific scrutiny as to merit on the score of accurate classification, to be one that every student will find exceedingly convenient for study. The author discusses, at sufficient length, the organic acids, oils, fats, resins, coloring and extractive substances, organic bases, non-nitrogenized and nitrogenized vegetable principles, and closes with a concise examination of the composition of the organic proximate principles, the fluids, secretions and excretions of animals, and a very useful series of considerations on the nutrition of plants and animals. Dr. Gmelin is always accurate and reliable, and we are satisfied that *the Organic portion* of this chemistry, which can be obtained separately, will be generally adopted as a text-book throughout our country. Our brethren in the profession will find it a good book for reference, and will do well to add it to their libraries.

L. H. S.

The Transactions of the American Medical Association, Vol. IX. 1856.

This volume was received in November last if we are not mistaken, but to notice it sooner has been simply impossible. It is without doubt in typographical execution and its general appearance, the handsomest volume yet published by the Association, and we say this with the more distinctness that we have had occasion heretofore, to speak in other terms of the doings of our exceedingly amiable and lovely brethren of Philadelphia, under whose auspices this volume is printed.

Of its contents we should be glad to speak more fully than is possible in our limits, but within them must do the best we can. In passing over the minutes, we do so because our readers had a full report of the meeting in our June number, at which time we also gave a sketch of Dr. Wood's excellent address. After these we come to the second part of the *Report on Deformities after Fractures*, by Prof. F. H. Hamilton, of Buffalo. The first part was contained in the preceding volume, and both are of great value. It is not improper for us to say that time has not been at our command sufficient to make a thorough study of this paper, and it deserves more elaborate notice than can now be given to it. Dr. Hamilton's writings are always marked by great originality, good sense, and plainness, and we have seen enough to know that this one is no exception. His position in the profession is already an enviable one, and his course is still upward. Our readers will be glad to know that he is about to publish a book on this subject, but meantime we urge all who treat fractures, to read this paper. It is worth the price of the whole volume.

In the "*Report on Hydrophobia*" which follows, the committee have given an exceedingly interesting paper, tracing the history of this frightful malady, and correcting some popular errors relative to its frequency in certain climates and seasons. To this is appended a tabular record of one hundred and six cases which have occurred in the United States, followed by a detailed account of each case as the committee found it recorded, or as the statement was received direct from those in attendance upon the case.

From the Report we learn that after a due deliberation upon and investigation of the causes assigned for the generation and development of rabies, the committee are forced to acknowledge "that the true cause of this disease is not known, or very imperfectly under stood." From the record of cases they lay down the principle that it never proceeds from any other cause than the bite of an animal, and as some instances are cited where rabies followed the bite of dogs and other animals free from disease, they therefore conclude that the germ of the disease is in these animals, and that to them we should direct our inquiries. The peculiarity which exists in these animals rendering them liable to rabies, they believe consists in a constitutional irrascibility, and this they "propose as the basis of a different and as it seems to them the true etiology of canine madness."

It is a popular belief that hydrophobia occurs only in warm weather, and more frequently during a certain period of the Summer season than at any other time. The researches of the committee have, however, conclusively proved that it is not more frequent in Summer than in Winter, and that it occurs quite as often one month as another; that it is prevalent in cold climates, and rare in tropical climates.

Dr. Kane relates in the first volume of his recent work a case of hydrophobia which occurred among his dogs in the high latitudes he attained in his vessel. He says that this disease in unknown above seventy degrees, and that therefore he did not suspect rabies in that dog. He was obliged to shoot the animal. In his second volume he also mentions the loss of many of his dogs from what he there designates as tetanus, though presenting the symptoms of hydrophobia. In Constantinople, on the contrary, as every traveller relates, hydrophobia is unknown, although dogs are as numerous as men. Some writers attribute the immunity of dogs in warm climates from this disease to the food they live upon, it being mostly or entirely vegetable. A recent writer, however, has attributed it in Constantinople to the unconfined, unrestrained habits of the animal, their passions being uncontrolled, and their copulative inclinations being freely indulged in.

A belief in sidereal influence is positively rejected in this report. It is stated that very few cases of hydrophobia result from bites upon parts of the body protected by clothing, and that the average period of incubation between the time of receiving the injury and the development of the characteristic symptoms is forty days. As regards treatment, no suggestion is made in the report, and no hope of success is offered by the analysis of the accompanying cases except from excision or amputation of the wounded part. This should be done early, or even at a late hour rather than not at all.

We would especially call the attention of readers to the admirable

"*Report on Plans of Organization for State and County Societies.*" It is an able plea for the association of medical men into societies throughout our country, and sets forth with much earnestness the great advantages of this plan for the accumulation of valuable statistical matter. We should like to extract largely from the remarks of the author, but we can do so only to the neglect of other papers of which we wish to speak. One principal recommendation we must transcribe; it is, "that it be made the imperative duty of all members of local and county societies to keep at least a brief record of all cases in their practice depending upon local or general causes and report as often as annually the number or percentage of each disease occurring during each month, giving the age, sex, and hygienic conditions of the patients, the types of the disease, and the general plan of treatment, together with the results, to a committee of the society, who shall report to the County or State society, and each State society shall, in its turn, report the total of observations to a committee of the Association." The great benefit of such a far-reaching and widely extended arrangement will be immediately seen and needs no comment. The accumulated results of such a plan well carried out would be of incalculable benefit, and the effect it would have upon our present views of the etiology and treatment of diseases which prevail at times epidemically would be of such a character as to fully repay the trouble of keeping the record. It is so difficult, however, to move independent individual minds to act in concert, that we can hardly indulge ourselves with hopes of seeing the admirable suggestions of this committee carried into effect.

Of Dr. Davis's "*Report on the Changes in the Composition and Properties of Milk of the Human Female, produced by Menstruation and Pregnancy,*" we have already spoken in our notice of the Association in our last June number.

The paper is short but highly practical. The conclusions which the author deduces from the few analyses he made relative to the changes in the *composition* are as follows:—

"1st. The occurrence of pregnancy during lactation, produces a very marked diminution of all the solid or nutritive constituents of the milk, such diminution continuing to increase as the pregnancy advances.

"2d In examining the separate proximate constituents, it will be observed that a much greater relative diminution takes place in the casein, the butter or oil, and the salts, than in the sugar and extractive matter.

"3d. There appears to be added to the milk secreted during the progress of utero-gestation some of the granular bodies or colostrum corpuscles, and numerous minute infusoria or animalcular germs which have been very rarely found in healthy milk.

"4th. Changes, the same in kind, take place in the milk secreted after the establishment of regular menstruation, but much less in degree; and the relative diminution of the several constituents is more uniform."

The "*Report on the Causes which impede the Progress of American Medical Literature*," is by Prof. Gross, who was, if we remember aright, appointed a committee on the subject at the preceding meeting. We have looked for it with interest and read it with much satisfaction. It will be within the recollection of our readers, that at the meeting a good deal of comment was made on the Professor's Know-nothing ideas, and it was repeatedly attempted to bring the weight of prejudices arising from political partisanship to counteract his arguments. The author must have been misunderstood, for there is nothing in this paper which proscribes other nations, but only urges Americans to toil for American reputations. We confess to a little sympathy with the Professor in this respect, for in consequence of our pursuing a similar line of argument we have been favored with a similar political nickname. The remarks made at the association would perhaps have been of little importance in themselves, but they were repeated by several journalists, and now behold the rapidity with which truth has been outstripped. Some journal misrepresenting Dr. Gross was sent to Europe, and this reply to it comes from Paris in the *Weekly Gazette of Medicine and Surgery:* "It appears that the love of science does not, to the same degree, inflame all the physicians of the Union, and that it is choked in some by a kind of sentiment which is found only on the other side of the Atlantic. A certain Dr. Cross (*sic*) of Kentucky, has recently read before the American Medical Association, a paper maintaining that the schools of the United States should, so far as possible, put into the hands of their pupils only American works; that they should cease to translate and to edit the works of foreigners, and that the medical press should occupy itself less with foreign productions and more with those of the country; that they should, in fact, avail themselves almost exclusively of local means of instruction and progress, in order to form an independent medical literature. This is, as an English journal remarks, "pure Know-nothing." Happily, the Association has vigorously repulsed this savage patriotism by declaring that it reveres the great physicians of all countries, and considers their works as the precious elements of national literature."

Now we have no particular authority for saying so, but we venture the assertion that no one has a greater respect for the great physicians of all countries than Dr. Gross. And yet misrepresentation this side of the Atlantic has led to entire misapprehension on the other.

The subject of the report is the causes which impede the progress of our medical literature, and among those causes is mentioned the fact that the piratical publication of English works in this country prevents that encouragement to our authors which they would have if there were a distinct language spoken by us. To relieve this difficulty slightly it is recommended to teachers to place American text books in the hands of their pupils in those departments in which good ones exist. There is not in this any disrespect of eminent men of other countries. If there is a New York Dissector which is as good as the "Dublin Dissector," is it any way improper to prefer it in this country? or if Wood's Practice of Medicine is as good as Watson's, should it not be preferred to it?

The impediments to the progress of our literature are thus enumerated by Dr. Gross. 1. The identity of the language in this country with that of Great Britain. 2. A disposition in the profession to patronize English works in preference to American (not a word of translations, M. Dechambre). 3. A want of independence in our periodical press. 4. A lack of industry in observing and recording facts in private and hospital practice. Now, is there any treason to the great republic of letters here? The writer says of these reprints, "they are made simply because they serve to fill the pockets of those who incur the responsibility of becoming their sponsors. If they were obliged to purchase the copyright at a fair value, the number of American issues of British works would be far less than it is now." And who can deny the truth of this, which is as notorious as anything can be. Is it Know-Nothingism to point out this fact? The argument is elaborated and illustrated with force. Upon the second point, it is noted that English text-books are recommended to students by Professors in our Colleges, either from want of confidence in American authors, or "what is still worse, and more to their shame, that they are influenced in their conduct in this matter by feelings of jealousy and avarice." The comparison of our writers shows that we have books in all departments which might be advantageously used but which are not. As if to guard against misrepresentation, Dr. Gross says: "Let us not be misunderstood. We would lay no embargo upon foreign works, or in any manner, form, or degree, disparage their merits or discountenance their just claims upon the favor and patronage of the American profession. Literature, the arts and sciences, are cosmopolitan, acknowledging no 'pent up Utica' as their home." Is this Know-Nothing, M. Dechambre? Editing English works, by putting one's name on the title page, and adding a few unimportant notes, is severely commented on as it deserves. It is a riding to notoriety and money by stealing another man's horse, which he has no chance to defend, and we are glad to know that, in the first place, it is getting to be considered as disreputable, and in the next, English writers are taking care to secure the issue of their books here at the same time with their appearance in London, receiving a percentage of profits here, as well as at home. Translation involves an amount of labor which entitles the translator to add his name, and to receive credit for his work, if well done; and to this, Dr. Gross nowhere objects. Trashy books are not apt to be translated, but are very apt to be reprinted.

The third item refers chiefly to the style of reviews in our periodicals. Before we saw this, we had written what we say on another page of our reviews, and so have not much to add. It is, however, refreshing to see the namby-pamby writers thus castigated, and the secrets of drawing books from publishers exposed. Hear what Dr. Gross says of such reviews: "They are characterized more by politeness, than by a manly and independent tone, which is not afraid to utter its real sentiments, and to affix the seal of its unbiased judgment. They are marked by none of the masculine vigor which is so well calculated to impart zest to the reader, and cause him to regret that he is so near the end of his task; which infuses life and spirit into a journal, and makes it a welcome guest at the table of the physician; which fashions and directs the dart, but blunts its point before it is permitted to strike its victim; which metes out equal justice to all men who come within its vitalizing, soul-stirring influence; which blends mercy with severity; which, when occasion requires, wounds, but does not kill. It is a criticism which is neither alkaline nor acid, nor yet wholly neutral, but so nearly neutral as to render it impossible to determine its real character. It is a jesting, good-natured criticism, which, for fear of doing mischief, or of being thought unkind, is bound in swaddling clothes, lest by its sudden and inadvertant jerks, it should kick over the milk and water in the inkstand of the happy, self-complacent reviewer. In fine, it is an inert, a tame, a spiritless criticism; a criticism without body, without strength, without soul, deaf and dumb, and blind, and halt."

That rings with a true sound, and no wonder reviewers, who were conscious of the milk and water in their inkstands, shouted in frenzy, Know-Nothing !

What is said of the relations of publishers and editors is too true. A prompt, puffing notice to everything secures constant and early copies from the publisher, to whose car the editor is tied before he knows it. Honesty, care, and necessary severity are apt to be followed by a cutting off of the supplies of which Dr. Gross gives illustrations from life—which any one who wishes can find to be true. But we must hasten on unwillingly, and on the fourth topic cannot dwell. It is notorious, it is undeniable—and let us all try to do better hereafter. Many, many thanks, Dr. Gross, for your courageous and sensible report. It will do good, though it did cause many to wince.

The *Report of the Committee on Medical Literature*, of necessity, runs in somewhat the same channels with the preceding. The first part consists of a tolerably complete list of the works published in this country during the preceding twelvemonth. Occasionally a few lines of commendation, or notice of a more unfavorable character are added, the result being very much like what one would have by taking one part of a publisher's catalogue and an equal quantity of book notices in a journal, and mixing them skilfully. After this enumerative list the committee say, "In a critical survey of our national medical literature, not only for the current year, but for years gone by, we have been strongly impressed by two antagonistic particulars respecting it: 1st. Its general excellence; and, 2d. The depreciation which it has so often met with at the hands of some of our own brethren," and then off they start (to use one of their own quotations, though in a more respectful way,) like

"A Pegasus,
A sun-reared charger snorting at the stars,
And kicking all the Pleiads at his heels."

Men of straw are set up and knocked over mercilessly; fine sentences are written, which are sounding but empty—and the whole argument, so far as there is any, directly supports the position taken by Professor Gross, while it is sometimes made to appear almost personal against him. But we must not make charges without giving our reasons for them, and we therefore say that the idea is erroneous that is expressed in this sentence, which we quote, namely, "that for years past, some of our journals have teemed with articles, editorial and communicated, whose set purpose seems to be to depreciate to the last degree the extent of American medical scholarship, and the value and trustworthiness of American medical authority." We have been familiar with the whole of the medical journals of our country for six years and more, and we challenge proof of this assertion. Not one can be found that has "teemed" with such articles, there ever having been rather insufficient appreciation of the merits of our authors, than "depreciation to the last degree." This is our illustration of the men of straw.

So many fine sentences are to be found that we take this almost at random, and could give at least a dozen equals. "We have felled forests rather than trimmed the midnight lamp—have reared great cities rather than studied great books—have built navies rather than written metaphysical philosophy," and so on.

The approach to personality is suggested by p. 385, and its sequents, and may, perhaps, not be very objectionable, but certainly is in our judgment in bad taste, under the circumstances at that time existing, of the majority of the reporters being officers of a rival medical school in Louisville.

The committee say, "We suggest that, if it be universally, or even generally, true of American physicians, that they prefer foreign to native writers, it proves either that our medical readers have no judgment, or else that the foreign authors are really the best." The committee believe this is not true, but if it is, another reason is the true one, namely, that the writings of English authors are put before the profession at prices at which it is impossible to furnish the American production, and allow the author any compensation. Between two equally good books cheapness carries the day, and because the piratical publisher does not pay the English author for the results of his labor, he undersells the American author who claims some remuneration, and whose claim is protected by law. The committee's illustration is this; "he could hardly be called a wise man who would take for his daily diet peanuts instead of potatoes, because one grew on his own farm, and the other did not." Very true. But supposing a man offers potatoes to you at a price less than you can dig those on your own farm, because he stole his, is it wise, then, to buy them? This is nearer the true statement of the case by such homely similes. The committee think that American works are used in good proportion, perhaps more than English, which is a question of fact wherein we think they are in error.

The last six pages of the report are taken up with a good statement of the argument against an international copyright law, which is the best part of the whole report, but needs no recapitulation here. The concluding paragraphs are quite sounding and rhetorical, but we only quote a sentence confirmatory of some of Dr. Gross's statements. The committee say it would be a good thing if the Association could—which they think it could not—"enforce a judicious excise on foreign importations, and wither that pestilent class of editors who 'bring out' foreign works and divide glory with their authors, without sharing labor, or adding one jot or tittle to our knowledge of science and art," and so say we.

The *Report of the Committee on Education*, is by the Chairman, Dr. Wm. Henry Anderson, of Mobile. It is marked by good sense, by an appreciation of the Utopian character of many plans for elevating the standard of education in our country, and strives for that which is practical as well as beautiful. The author has clearly given much thought to the subject, and his propositions are the result of his own deliberations, aided by the suggestions of various friends and correspondents. Dr. Anderson's plan is, therefore, worthy of careful consideration. It is, briefly, that more thorough and systematic instruction should be given to the pupil in the office before he goes to attend the lectures of the college. In this way it is clear that much time can be saved to the Professors, who, instead of being compelled to occupy their courses so largely with the rudiments of their several branches could proceed at once to the higher and more important portions of them. As a means to this end it is proposed by the author to have some body write a book which shall cover all the preliminary ground, and that the students shall become familiar with this before attending their first course of lectures. The idea is a good one, and is correctly based on the necessity for more preliminary education. It is practical, *if* only the colleges will lend it their aid, which we venture to say they will not do. We are sorry to be compelled to say that the larger schools will not insist upon any such course, and till they do, it is in vain that the smaller ones attempt it. Inanition is the inevitable result of their efforts. The first movement must be made by the private teacher, by each one who receives a student into his office for instruction, and till this is done we have little hope of great improvement, though we will wish success and lend our mite of assistance to all such sensible, practical schemes as that which is urged in this paper.

The *Report on Treatment of Cholera Infantum*, by A. J. Fuller, has one good thing about it, namely, its brevity; but with even this, we regret that it should go to the world from our National Association. We do not feel disposed to point out its many errors and faults, and do not find in it anything commendable. Its author's mind seems to have been in a muddle upon the subject.

Dr. Newman, in his Report, has presented a very readable and instructive article upon the *Sanitary Police of Cities.* The agreeable manner in which the subject of statistics is presented, involving columns of figures, scarcely permitting any figurative explanation, has greatly enhanced the interest of this paper, if it has not added to its practical value. The previous labors of Dr. Newman have fitted him for this work ; and this Report adds to his reputation as an able writer on Statistical Medicine and Public Hygiene.

Dr. Newman, in this Report, has avoided, as much as possible, the paths followed by previous reporters to the Association upon the subject of Public Health, and in this paper has endeavored "to tabulate the effects of disease and to exhibit by figures the ravages that *preventable* disease is committing in our midst, and especially in our cities." The statistics presented by Dr. Newman are very curious, and refer particularly to those diseases which are called *zymotics* by nosologists, which affect cities and crowded places, and are capable of being prevented or controlled by human agencies.

Two per cent., or one death in fifty, is taken as the healthy and natural standard of mortality ; and in comparison with this, Dr. Newman has given the rate of mortality in several of our principal cities. These figures show the increase in mortality from causes operating in closely settled cities, and if we calculate the proportion of deaths from *zymotic* diseases, the result becomes a matter of surprise that so large a mortality proceeds from disease to a great degree preventable in their epidemic form. The total number of deaths in the United States for the year ending June 1st, 1850, was 323,023, of which 131,813, or nearly 41 per cent., were from *zymotics.* If from this number be deducted 31,506 deaths from cholera, which prevailed that year, and which would not enter into the account in ordinary years, it leaves over a third of the mortality produced by zymotic diseases. This is an alarming fact, staring in the face those to whom is delegated the care of the public health.

During the period of an epidemic, the great increase in the number of deaths calls attention to sanitary measures, and a spasmodic effort is usually made in that direction ; but we take little notice of those diseases which daily carry hundreds to the grave, and silently act as an unseen scourge in our midst. The statistics presented by Dr. Newman show us that even during the year 1850, when the cholera raged, there were more deaths from the various forms of fever than from cholera,—the total number of deaths from fever being 33,344. "It is not too much to say," says Dr. Newman, "with these figures before us, that we had two epidemics abroad through the country doing the work of death side by side."

After mentioning cursorily the etiology of several of the principal zymotic diseases, Dr. Newman then considers "the municipal regulations which have for their object the correction of the evils which originate and propagate disease, or are in any way inimical to the public health." Under this head he treats of the influences exerted by water, sewerage, paving, over-crowded and ill-ventilated houses, the removal of the soil, and vaccination.

The Report closes fittingly with a recommendation that medical men should be appointed upon our local boards of health, and that matters appertaining to the execution of sanitary police regulations should be confided to the hands of our profession.

Dr. Horace Green's "*Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease,*" has so recently appeared in our pages, that we need offer no analysis of it.

Dr. Wroth's "*Report on the Topography of the Eastern Shore of Maryland,*" from its character does not admit of a critical analysis. The value of such papers consists in their being the ground-work for a future report on Epidemics, which is promised at another time for this section of our country.

The *History of the Epidemic of Yellow Fever in Charleston, S. C., in* 1854, *by Dr. D. J. Cain,* we are forced to pass by with only a slight notice, notwithstanding our wishes to the contrary. Some of the inferences drawn by the author are worthy the investigation of those who have to combat this pestilence of warm climates. "The view," says the author, "which refers the seat of the fever to the great sympathetic nerve, or the nerve of organic life, seems to me erroneous. That the sympathetic system is involved, and even prominently, in the morbid action, appears to be indisputable; but that the first impression of the specific poison is upon the blood, constituting the first link in the chain of phenomena of the disease, is inferable from a variety of circumstances."

As regards the etiology of Yellow Fever, Dr. Cain does not believe that the telluric or meteorological states which are dwelt upon by many writers can generate this disease either separately or in combination, but he thinks they can place the blood by their influence in a condition favorable to be acted upon by a specific poison when introduced.

From a review of all the conditions present in Charleston in 1854, Dr. Cain considers the terrestrial and meteorological causes as inadequate to account for the *origin* of the fever. There is, he states, but one other possible mode, and that is importation from abroad. In this connection he states, that as far as Charleston is concerned, "it is *not until some time after* the arrival of a vessel, or vessels, from a port or ports where yellow fever is prevailing, generally with a case or cases of the fever on board, that it breaks out in the city."

Dr. Cain, upon the data furnished by the epidemic, the history of which he gives, ranks himself in advocacy of its contagious character, and in support of this view adduces several cases, and still further endeavors to fortify his position by the ingenious calculation of chances made use of by Dr. Stokes in his lectures on fever. Notwithstanding this, we opine the subject of contagion and non-contagion will still remain open, for disputable ground of medical philosophers.

The "*Report on the Epidemics of Louisiana, Arkansas, and Texas, by Dr. E. D. Fenner,*" is mostly given up to the consideration of Yellow Fever. By the aid of his numerous correspondents, Dr. Fenner has succeeded in making a very faithful report of the history of this fever, in those three States, during the years 1854 and 1855.

We learn from this report little that is new in relation either to the etiology, pathology, or treatment of this disease. Dr. Fenner, however, frankly acknowledges that he, with a majority of his *confréres,* believe that the only thing to be done is to assist nature in her conflict with the febrific cause, tacitly agreeing to the opinion expressed by Pitcairn, and quoted by another author in this volume, that yellow fever cannot be cured, but may be conducted to a favorable termination.

Report on the Meteorology, Mortality, and Sanitary Condition of New Orleams, for the years 1854 *and* 1855, *by E. H. Barton, M.D.* Dr. Barton's contributions to statistical medicine are so well known that we need not speak of their great merit. Papers like this one, which appear in the Transactions, depend for their value, not so much upon their individual excellence as upon an accumulated record of similar material obtained through a long series of years. In this report the views of the author upon the subjects of a high degree of heat, solar radiation, dew-point, humidity, disturbances of the soil, &c., are further exemplified and sustained. We have frequently referred to them in our pages, and once quite at length, in reviewing Dr. Barton's Report to the Board of Health of New Orleans, to which review we refer our readers who are curious on this subject, and who have not Dr. Barton's papers at hand.

Dr. G. S. Palmer's *Partial Report upon a Uniform System of Registration of Births, Marriages, and Deaths, and the Cause of Death,*" is merely a recommendation that the aid of laws be solicited to accomplish this object, and an outline is submitted as the basis of a law to be proposed to each State.

Professor Steiner's *Report on Strychnia: Its Physiological Properties and Chemical Detection*, is interesting, practical, and calculated to be eminently useful. It includes a report of Dr. Gardiner's case, and the whole is such that we shall at the earliest day possible, lay it before our readers. They are already familiar with his style of writing, and will anticipate a rich treat. Till then we pass it.

The prize essay is on the *Arterial Circulation, its Physiology and Chief Pathological Relations*, and by Dr. Henry Hartshorne. A subject of so much interest, and treated so elaborately, cannot be passed lightly, if at all touched upon. We must omit what we desire to say of it till another opportunity.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M.D., Secretary.

October 22, 1856.—*Dr. T. C. Finnell* presented the *stomach* and *mesenteric glands*, removed from a sailor, who, after partaking of a hearty supper last evening, retired to bed, feeling as well as usual. This morning he was found dead in bed. By his side was a quantity of acetate of lead.

On inspection there is seen great vascularity of, and abundant tenacious mucus in, the stomach. The mesenteric glands are enlarged. Some of them have undergone softening, others are composed of calcareous substance and cheesy matter.

The second specimen, presented by *Dr. Finnell*, also consisted of the *stomach*, together with the *uterus* of a young woman who committed suicide by taking one ounce of laudanum at ten o'clock in the morning. Afterwards she drank so freely of brandy as, by her actions, not to excite the suspicions of her companions. At three o'clock in the afternoon she went to her room. Not making her appearance at supper, her room was entered, and she was found dead.

The stomach presents great redness and injection of the mucous membrane, and especially of the cul-de-sac. The ovaries are enlarged. The fallopian tubes not free, but attached to the uterus.

The third specimen, exhibited by *Dr. Finnell*, consisted of *an ossified hydrocele sack*, with *a portion of strangulated intestine.*

Egbert Alexander, aged 70 years, residing at No. 211 Hudson street, was knocked down by a runaway horse, receiving injuries of the pelvis and abdomen. He was carried home, complaining of severe distress in the left side. On examination, there was observed a large inguinal hernia, which presented signs of strangulation. The hernial protuberance was complicated with a large old hydrocele, which extended down the thigh to within four inches of the knee-joint. Its weight was about ten pounds. The entire scrotum, with its contents, would fill an ordinary water-bucket. There was no discoloration of the integuments to indicate an extravasation of blood into the tissues within the tumor. As the symptoms of strangulation were increasing, and all attempts at reduction by the taxis failed, an operation was advised; but the patient would not consent. He gradually failed, and died on the third day after the injury.

Autopsy twelve hours after death; body very pale and extremely emaciated. On passing the finger into the left inguinal canal, it could readily move the intestine about from side to side, showing that there was no strangulation ; still the gut could not be pulled into the abdomen, owing to impacted fœces which completely filled all the intestine in the hernial sac. On laying open the scrotal tumor, it was found to consist of three different parts. First, the hernial protrusion, consisting of the descending colon. Second, the left tunica vaginalis about as large as a child's head of six months' old, which was filled with laminated coagula in many places, forming rounded tumors projecting from the interior of the sac. The testicle was so completely atrophied, that no trace of it could be discovered. The tunica was calcified completely at its posterior part, and in patches throughout the rest of its extent. The third part, which composed the largest portion of the scrotal tumor, was made up of extravasated blood, which infiltrated all the tissues of the tumor. The right testicle was in a normal condition.

The patient's death was no doubt caused by this internal hæmorrhage, which commenced at the time of the accident, and continued up to the time of his death. A few flakes of fibrine were discovered in the abdominal cavity, indicating recent peritonitis.

Dr. James R. Wood laid on the table an instance of *cancer* of the *pyloric orifice.* It may be remembered by some of the older members of the Society, that he had a few years since presented a case of cancer of the cardiac extremity, with complete occlusion of the orifice. The case was somewhat interesting from the manner, and length of time the patient was sustained, namely, by injections of soup, she being nourished entirely in this way for two months.

The specimen now exhibited was obtained from a lady 60 years of age, to whom he was called a week since. She had been for some time under the care of the homœopathists, by whom she was treated for dyspepsia, and a cure certainly promised. Palliative measures only were deemed proper. At the expiration of a week she died.

The *autopsy* discloses complete occlusion of the pyloric orifice—the cancerous deposit, at the inferior portion of the stomach, pushes up the mucous membranes so as to entirely close the opening.

Dr. Clark stated, that he had in May presented a similar case. The pyloric orifice was completely occluded by cancerous deposit. The patient had been subject to dyspepsia for 20 or 25 years.

Dr. F. M. Wright presented a specimen of *perforation of acetabulum by morbus coxarius.*—The specimen was taken from the body of a man of about 30 years of age, who had been a patient in the New York Hospital for nearly a month before his death. The trouble in the joint began a year previous to his admission, by his own account, and during the last seven months of this time he had been confined to bed, suffering intensely. On admission, the general aspect of the limb was that of luxation on the dorsum ilii, the thigh being adducted, the knee partially flexed, and the toes inverted. The trochanter major was very prominent, and the soft parts around the joint much swollen. The abscess had opened spontaneously near the trochanter the track passing downward and backward toward the tuber ischii. His general condition was exceedingly bad. He had all the constitutional symptoms naturally consequent upon the extensive progress of the disease—great emaciation, hectic fever, feeble and frequent pulse, loss of appetite, etc., and with these he continued to sink, in spite of vigorous supporting treatment, and eventually died. On *post mortem* examination, the abscess about the joint was found to be very extensive—the head of the femur was found in the acetabulum, denuded of articular cartilage and synovial membrane, rough and spongy—the ligamentum teres entirely gone, the surface of the acetabulum also denuded, rough and spongy—enlarged by absorption at its posterior part, where the head of the femur was resting, and perforated by a hole about three-quarters of an inch in diameter, through which there was a communication with an abscess of considerable size, in the substance of the iliac muscles.

Dr. Wood remarked, that he had presented two specimens, showing a like occurrence. In one, the dislocation was into the ischiatic notch, and was reduced with great ease. In the other, the head of the femur was in the dorsum of the os innominata. These preparations are in his private collection, and a third one is in the museum of the College of Physicians and Surgeons.

The next specimen exhibited was an instance of *softening* of the *brain*, presented by *Dr. Alonzo Clark*, who observed, it may perhaps be known to most members of the Society, that we have recently been called on to lament the loss of a highly intelligent and much esteemed professional brother, Dr. David Green.

It was not, however, his intention to recall his many good qualities and virtues. That would be done by one more competent than himself. He was sixty years of age; an active professional man. For some months past he had, in addition to his professional duties, which were large, been much occupied in attending to his real-estate, superintending the erection of several buildings. He would breakfast and leave home by seven o'clock, and frequently not return until ten at night, eating nothing in the meantime.

From these exertions he gradually fell into an anæmic condition, attended by weakness, exhaustion, and at times giddiness. He was advised to change his mode of life; and for this purpose he repaired to the country, where, however, he remained but a short time and then returned to the city, somewhat improved in his general health. The giddiness continued to increase, unattended by pain, until Monday week. It may here be mentioned, that there existed on one of his fingers, an ulceration, which was regarded as syphilitic in its nature by several of our prominent surgeons. It was contracted about two and a half months previously, while attending a woman of suspected character in confinement.

When first seen by Dr. Clark, with Dr. Sayre, on Monday, the 13th of October, he was found in a condition of general feebleness, but still able to walk about, no paralysis, giddiness accompanied by vomiting—pulse, of fair force. The nervous energies seemed as if exhausted, and it was thought necessary to elevate the tone of his system by tonics and appropriate regimen.

On the 3d day after, Wednesday morning, at 4 o'clock, he was summoned and found that he went to bed as well as he had been for the few days past, but about one o'clock became paralyzed in the whole of the left side, including the muscles of the face, everything but those of the eye. He could speak, but so indistinctly that the effort to make himself understood was painful, even to those about him. He stated, among other things, that for some hours before this attack he had had a prickling sensation in the limbs of that side. He said on the afternoon of Wednesday, that he had the same sensation in the right, and that that would soon be paralyzed also. During the day he managed to communicate his thoughts, and was as sound in mind as ever in his life, yet he wept frequently with all the child's distortion of face. Toward evening of this day he lost the power of articulating entirely; and, indeed of voice. At the evening visit, ten P. M., he had not spoken for some hours, and it was discovered that he would attempt to write. This he intimated, by extending the index finger, closing the others and moving it along the bed-clothes as in the act of writing. This, however, was not understood till he pointed to the other room and repeated the writing notice. (There were no writing materials in his bed-room.) A pencil was then put in his hand and a paper. A sheet of foolscap was held before him. His hand was very tremulous and his movements very uncertain—his marks were some inches in length, and crossing each other variously. From watching the movements of the pencil, more than from what he had supposed he had written, we discovered that he was suffering from constraint in his position. When this was done, we succeeded in understanding a second request, of a similar character. He again attempted to write, but we were not able to understand, and thought as it cost him a considerable effort, he had better try no more for the present. Up to this time his physicians, Drs. Parker, Wilkes, S. C. Foster, Sayre, and myself, did not hesitate to call the disease apoplexy; though I remarked to the others, or some of them, that with all that is said of dizziness as a premonition, this was the first time I had ever seen it as a well-marked precursor of apoplexy. The next day paralysis had extended to the right side, and every muscle of his body seemed to be deprived of voluntary power, except those of the eyes. He breathed, his heart beat, and there were movements and intelligence in his eyes. The breathing was rapid and short, but not stertorous. The pulse but little accelerated. He seemed to recognize every person who came into the room, and his eyes followed the movements of those who were striving to relieve him. He did not swallow. Whatever was put into his mouth was breathed into the trachea, and caused cough; and the respiratory action seemed to be so feeble, that it was feared the effect of such attempts to nourish him, or administer medicines, would be to suffocate him, and after a few hours all administrations of this sort were made by the rectum. The next day, Tuesday, the eyes had still an expression of intelligence, but there was marked external strabismus of the left eye—in other respects they appeared natural. The paralysis was now so marked, the lower jaw fell away from the upper, and the tongue fell out of the mouth. By the evening of this day all evidence of intelligence had passed away; the respirations more frequeut, the pulse 130, and feeble—jerking in the limbs of both sides, particularly in the left. This was noticed on the right side from the time it became paralyzed, and so of the left, paralyzed later; but they were now more frequent. Stertorous breathing was now noticed for the first time, but this only occurred when the head was turned so as to produce some little constraint or twisting of the trachea. It was now proposed to introduce the stomach-tube for the purpose of nourishment and medication, but those who had watched the patient most closely, objected, having seen that he nearly became suffocated from a change in the position of the head, and believing he would die from the attempt, it was abandoned. During Saturday the breathing rose to 50 or 60 in the minute, the pulse to 150 and 160, and the patient seemed to be profoundly comatose. Bed-sores had already formed notwithstanding the precaution of changing his position frequently. A water-bed was not used because it was too painfully evident that death was inevitable and near. His urine had been drawn from the second day—it was scanty and high-colored. The fœces passed involuntarily, but not frequently. He retained the nutritive and other injections. He died in the evening of Saturday.

Remarks.—From the time the paralysis had passed to the right side, observing the frequent jerking in the paralyzed parts, his physicians, or some of them, were persuaded that the disease was not apoplexy.

Apoplexy of the left cerebral hemisphere occurring on Wednesday morning at 1 o'clock, and on the right side in the night of Wednesday, was highly improbable. Apoplexy of the nodus cerebri affecting the right side, would not be likely to pass over to the left, and softening from sanguineous effusion in so short a time could not be anticipated. Softening, of which Dr. Green had himself expressed a fear, in my first interview with him, seemed the most probable view of the case.

Post Mortem Examination.—Scalp unusually bloodless ; vessels of the dura mater full, but not engorged ; a few drops of serous fluid escaped on lifting the dura mater ; arachnoid membrane slightly opaline, and dotted over, on all the convex portion of the brain, with countless yellowish white spots, and entirely opaque ; arachnoid raised by transparent serous effusion ; sulci widened by the same effusion—the whole amount of effusion not exceeding two ounces ; vessels of the pia mater full ; many of the veins somewhat enlarged ; vessels at the base of the brain full, but less full than those on the convex surface ; parietal arachnoid apparently unchanged ; brain of unequal firmness, when pressed on its surface—of usual firmness *only* on the convexity of the posterior third. *On section,* the blood points very numerous ; cortical substance nearly normal ; medullary portion of a dusky hue ; centrum ovale sinestra of irregular consistence, the central portion being softer than the anterior, but not decomposed or broken down ; both optic thalami soft to moderate pressure ; vessels of the ventricles full ; choroid plexus of the left side distended by serous cysts ; vessels at the base of the corpus striata unusually large, making on their section a cribriform appearance ; vessels on the walls of the lateral ventricles unusually full, on the choroid plexus empty, or nearly so ; from the inferior cortical layer of the posterior lobe, upward to the base of the corpus striata, and all the way backward, the consistence of cerebral substance markedly diminished, but not broken down ; the softening extending under the floor of the posterior cornua of the left side ; atheromatous matter on the posterior branch of the basilar artery ; softening of the nodus cerebri, involving nearly the whole of right crus-cerebri, and about two-thirds of the opposite crus, with disorganization complete ; the crura cerebelli free entering the nodus below the point of the principal softening ; the anterior cerebral artery had undergone the same atheromatous change as the posterior, only not to so great an extent. *Thorax.*—Heart large and flabby ; cavities filled with fluid blood ; about ʒj. of serum in the pericardium ; valves healthy ; both lungs firmly adherent to pleura every where, and darkly colored with blood ; scattered over the surface of the right lung were two or three round black masses of the size of peas, to the touch like cartilage, and look like coagula ; left lung, as the right, excepting the masses above described, of which there are none ; liver healthy ;

kidneys ditto. *Microscopic Examination.*—The softened nodus cerebri has been kept in alcohol and water, and was examined this morning (Oct. 22, 1856), under the microscope; the nerve fibres are most resolved and have disappeared, but there is in lieu of them an abundance of oil globules disseminated through the tissue, and the granular matter is abundant; the fibres or fragments of them can be seen here and there, but few in number and in short pieces; a few only of these fibres are varicose; the nerve vesicles appear to have undergone no change; they retain their transparency and their nuclei, and some of them seem to have become granular. The extremely soft state of the nervous matter made the examination interesting in a physiological point of view: placing some of this soft matter on a slide and covering with thin glass, the weight of the latter caused the slow and steady extension or spreading of the nervous substance. As the nerve vesicles were thus removed from their beds, it was plain that each one had a single rather firm fibre or thread attached to its walls, and apparently a continuation of them, which ran into and was lost in the still undisturbed portion of nerve matter. Many of the vesicles were held attached for a long time by these threads, while others floated past them, and the attached one would assume a pear or vorticella shape. There was nothing which is usually called exudation corpuscles, and no inflammatory exudation of any sort. These threads were elastic and would yield considerably, as the current passed by, and then contract, drawing back the vesicle to its first position. It is not certain that all the vesicles were so attached, but many, both large and small, undoubtedly were; and in all the instances noted, this attachment was by a single thread. After separation no processes could be seen on the vesicles, though in some what looked like the contracted vesicular end of the thread. Sound brain matter cannot be seen in this way; this thread can hardly be anything else than the axis cylinder of the nerve fibre.

NEW YORK MEDICO-CHIRURGICAL SOCIETY.

Reported for the American Medical Monthly by J. O. Bronson, M.D., Secretary.

August 26th, 1856.—*Dr. Leigh* exhibited a cerebrum having an abscess and apoplectic clot in its right side. The following history accompanied it:

Maria Coston, three years of age, of scrofulous habit, had been suffering a chronic otorrhœa of the right side, with purulent discharge, for eight months, following an attack of rubeola. The discharge for the last two months had been decreasing, and she was improving in her general health. This improvement seemed to be due to injections of nitrate of silver, of the strength of ten grains of the salt to an ounce of water, every morning. She continued thus until the 22d inst., when my attention was called to the inflamed state of the affected ear, and the peculiar expression of her countenance. I ordered the application of an anodyne poultice. She did not complain of any pain. This condition remained until the 24th, when she vomited once or twice some green matter. She seemed very weak, and her respiration was labored ; pupils dilated and presented evident signs of cerebral trouble,—crying, rolling her head in the pillow, and generally resting on the afflicted side. Her condition was such that she could not bear active treatment, and I ordered three leeches to be applied behind the ear. She was then in a semi-comatose condition, and gradually sunk into deep coma, and died about one o'clock at night.

Post mortem, thirty-four hours.—Cadaveric rigidity still firm in the extremities. The head only examined. The brain throughout slightly congested. About half an ounce of serum was found in the right lateral ventricle. At the base of the brain on the right side was an apoplectic clot, and a little posterior to it an abscess about the size of a walnut, as may be seen in the specimen.

Dr. Cox called attention to the specimen as compared with the cranial bones presented sometime since, exhibiting the effects of the same disease. He considered the specimen of interest from the unfrequent opportunity the physician has of seeing the result in such cases. Being questioned as to the utility of injections, he replied that he was of the opinion that they frequently were of as much harm as benefit. He had seen, indeed, very dire results from the use of caustic injections.

Dr. Brundige having made an examination of the specimen (stomach) presented by *Dr. Bouton*, reported that on opening the tumor attached to the large curvature, he found it to contain—first, about half a drachm of thin cream-like matter, which readily oozed out on making an incision into the sac—second, a substance resembling fine white meal moistened with cream of sufficient tenacity to retain its form when handled—third, a substance resembling coarse brown sugar, adhering closely to the muscular coat of the stomach. This composed about one-eighth of the contents of the sac, the entire being about the size of a hickory nut. On placing a part of the second portion under the microscope, he found it composed of a fibrinous basis, containing cells corresponding to cancerous, granular matter, corpuscles, and compound granular corpuscles, &c. This portion was somewhat broken down and indistinct. The third portion was perfectly distinct, showing the entire cells of the cancer, with their nuclei and nucleoli, with the matrix usual to such matter.

September 9th, 1856. *Dr. Benjamin Lee* presented two hypertrophied hearts, one of which was accompanied by a history; the other, though without history, was interesting, inasmuch as it exhibited the organ greatly hypertrophied, resulting from a fibrinous and ossific deposit upon the aortic valves. The aorta also, at a point just below the subclavian artery, was contracted to less than one-third the natural diameter. The sounds during life gave evidence of aneurism.

Bernard Trainor, 45 years of age, laborer by trade, was attacked seven years since with articular rheumatism, from which he recovered, with slight dyspnœa, and tendency to œdema of lower extremities as its result. Eighteen months since was admitted into Bellevue Hospital, with abdominal dropsy, and signs of extensive cardiac disease. For four years past has been unable to lie down, with the slightest degree of comfort. Has been tapped three times since he has been in the institution. The last time, the day before his death, which took place September 6th. The physical signs, a few days before death, were extensive dulness on percussion; over heart, increased action. Double sounds at the apex and base, and a loud aneurismal souffle, heard most distinctly in the fifth intercostal space to the right of the sternum. On examination the heart was found greatly enlarged, weighing 2¼ lbs. The aortic valves contracted and thickened, with a little bony deposit on their outer side. Immediately without the valves, was a large aneurism lined with calcareous deposit, gradually shading off, as it became more remote, into atheroma. Liver, cirrhosed. Thick adhesions between omentum and intestines, in the right hypochondrium, making a tumor which had been noticed during life.

In connection with these specimens, *Dr. Conant* exhibited a heart, hypertrophied, and presenting an aneurism of the aorta which had ruptured into the pericardium, producing instant death.

Dr. Bennett, of Bridgeport, also presented a heart removed from a stout, healthy negro, eighteen years of age, who, in altercation, received a stab, as was supposed, with a dirk-knife. He fell senseless and pulseless to the pavement, in which condition he remained for twelve hours, when the cardiac sounds began to be audible. The wound was made a little to the left of the ensiform cartilage, and passed upwards in its course. There was but slight hæmorrhage. He was kept in a recumbent position for three or four days, when the cardiac action was restored, and he went out contrary to direction, walked a considerable distance, and went up two flights of stairs, without ill results, however. He had been ordered to keep his bowels free. He failed to do this, and going to the privy on the thirteenth day after the accident, and making considerable effort, as was supposed, in defecating, fell and in four hours after died.

Post mortem.—The track of the instrument causing the wound was found to have been from a point about half an inch to the left of the ensiform cartilage upwards, along the pleura, and through the pericardium and walls of the heart into the left ventricle about one inch from the apex. The wound upon the external wall of the organ being about twice the extent of the internal opening. The pericardium was found filled to its capacity with the effused blood : not only the fresh blood, but the debris of the first effusion. There had been slight pericarditis, as may be seen upon the specimen, there being around the external wound, over a surface of about an inch, coagulable lymph, which was the result of nature to repair the injury, for it can be seen that it once covered the incision, but the effort immediately preceding his death ruptured it. The wound was sufficiently large to have produced instant death, easily allowing the handle of a scalpel to traverse it, and such would undoubtedly have been the result, but for the fact that the internal opening is just behind one of the columnæ carnæ, which is the only means that can be discovered to have prevented the immediate effusion of the constantly renewed contents of the organ. From the appearance of the specimen and the history of the case, we may reasonably conclude that had he followed the directions of the medical attendant, the wound would have healed, and the man lived to have died by some other means.

Dr. Cox thought this case very instructive. It showed how requisite rest and freedom from all excitement and exertion are in such cases. A similar case occurred at the New York Hospital, in which the patient fell in the privy as in the instance presented. The case of Poole also, is another where the requisition was not complied with and death followed. He remembered, also, the case of a servant girl, who, by some accident fell, striking upon her chest. Severe pain followed for some days. On the fifth or sixth day she fell dead.

Upon examination the left ventricle was found to have ulcerated and burst.

Dr. Thrasher presented the larynx and a part of the trachea of a man twenty-six years of age, for some time the subject of aphonia. For a week previous to death, it was with difficulty he could whisper. He had œdema of the glottis. Application of the nitrate of silver was made to the throat two days before death. The disease affecting his speech was not attended with as much care as it would have been had he not been affected with chronic dysentery, for which he was treated, but ineffectually, as he died on Sunday evening.

Post mortem.—Examination of the air passages discovered œdema of the glottis, curvature and slight thickening of the epiglottis; ulceration had destroyed the chordæ vocales and all the tissues covering the cricoid cartilage in front, the cartilage itself being in a carious condition. The ulcerative process extended down the trachea a distance of two inches. The pleura exhibited no sign of recent inflammation, yet contained effused fluid and the posterior walls were firmly agglutinated. The lungs contained tubercular matter, but no where in a softened state. The man died slowly; respiration was slightly croupy.

Dr. Cox then presented a large post-partum, partially organized, clot obtained under the following circumstances: A woman had been complaining for about three weeks. Several gentlemen examined her case, and having made use of various means, as the speculum, &c., diagnosticated the case, as enlargement of the uterus and not pregnancy. The woman suffered hæmorrhage for fourteen days, and at the end of that time *Dr. Brundige* was called and found her very much prostrated, and after a due examination declared her pregnant at about three months' time. The woman miscarried. One week after a digital examination felt the rounded edge of what was supposed to be a small portion of the placenta which had failed to follow the mass at the usual time. In four or five hours the clot presented was ejected. *Dr. Cox* thought he had never seen a case where the mass or clot had become so much organized. If his memory served him, a similar clot was exhibited at the Pathological Society of London some years ago.

Dr. Bennet was pleased to have the subject come up, inasmuch as several cases had passed under his notice, and one quite recently, wherein the patient, one week before confinement, became faint for some hours. The child was still-born. After the birth, a clot larger, in fact twice as large, as the one presented was ejected. In another case, some two or three years ago, all went on well until near the close of labor, when the patient became suddenly pale and almost pulseless. The child was born alive. The uterus was found full of coagulæ. He was of the opinion that such cases arose from a partial detachment of the placenta.

EDITORIAL AND MISCELLANEOUS.

—*Peccavi, Peccavi* is the cry of several of our exchanges when they consider the manner and the matter of their reviews. The occasion appears to be that some publisher did not think his author had received attention enough from some journal—only a few lines of notice being given to what had cost the author so much and so long labor. In this cry of self-condemnation we shall not at all join, for we do not feel ourselves at all guilty. Without claiming to be a *review par excellence*, the MONTHLY has constantly presented its readers with elaborate reviews, in which truth has been the object sought in the discussion of its topics, and the profit of our readers has been aimed at, not the benefit of the publishers. Of this latter class, we have made some curious observations, which, highly as we esteem the men, we cannot but think, exhibit a little oddity. A review suits their purpose very well in the main, whether it praise or blame, if only it contains some passage, which, when standing by itself, is sufficiently laudatory to be culled and preserved among other such sweet flowers. Any editor of experience and observation knows that often he detects most flattering passages quoted from even scorching critiques, and published with remarkable coolness, as if all its surroundings had been redolent of praise. The sternest critic's heart often relents after the faithful application of the actual cautery, and he adds, perhaps, that "the book is well printed and illustrated," whereupon this is set forth as his only opinion of the book—all the rest being, of course, repressed. Or again; disproving of the doctrines of a book, he says: "And yet, this treatment of the subject suggests abundant thought to the reader, which will repay him for his labor in toiling through it," whereupon, the publisher cuts off the first two and the last four words, and the weight of the journal's authority is thrown upon the opposite side from that which was intended. We have seen our own words and the words of others thus metamorphosed in spite of all possible care to avoid it, and still there is no remedy for it.

An author said to us lately, "Your Reviewer of my book writes just as if he knew more about the subject than I do," (and we verily believe he did,) "and there is not a word said about the book." The subject was discussed fully, the book hardly mentioned, and no one sentence could be taken out and reset in brass. *Hinc illæ lachrymæ.* Our own position, as to publishers, has been distinctly defined, but will bear repetition. We do not solicit a book from any one: if sent, however costly it may be, we consider ourselves under no obligations to them, except to notice the work at such length, at such time, and in such manner as seems to us proper, and wise, and consistent with other demands upon our pages; and we always endeavor to give each work a careful examination before we express an opinion of it. Books that will not bear examination, had better be sent elsewhere; books that require a notice upon the instant of reception had better be sent elsewhere; and books that are supposed to put us under obligations to the author or publisher, had better be sent elsewhere. With all this, we have no hostility to publishers. We confess, however, that we are a little mortified at the position in which some of our *confreres* place themselves with reference to them.

—The Gazette Hebdomadaire thus discourses upon a topic to which we alluded some months since—we mean Dr. Warren's singular disposal of his body.

"We hope that the physicians of the United States will not hesitate about it, but that they will in dying give this last evidence of their scientific zeal. A collection of celebrated skeletons would have some peculiar advantages. In the place of invoking their shades, the pupils could prostrate themselves before their frame, saying, 'Dear skeleton, cause one of those rays to descend into my mind,' and so on; or, 'Illustrious skeleton! I swear by thy bones,'" &c.

It seems that *material* is growing scarce in France. "Poor patients have no more difficulty in dying than formerly; but they do not wish to be examined afterwards." The opposition of families, and the establishment of burial societies among the poor, are among the influences which are accomplishing the same thing. It is a good sign in a nation when sepulture ceases to be neglected, or to be a matter of indifference.

— The January sitting of the Academy was devoted to business. Reports from the various officers and committees were read and accepted, and the annual election for officers held. The result of this election is particularly gratifying to most academicians, for it brings into active membership one of the most highly honored and widely celebrated men of our profession, whose prominent position for more than a quarter of a century justly entitles him to those honorable posts to which he can be raised by the suffrages of his professional brethren. It should delight us to honor such men as *Dr. Valentine Mott*, whose brilliant achievments shed a bright light upon American Surgery ; and it would be strange if all the world should give him his true meed of merit, only to be denied it at home. Verily it would seem that other questions than merit entered into the distribution of such rewards, and we can not deny that in other years some ungenerous motives have been imputed to the New York faculty for their action in such awards. We are glad that the result of the election in the Academy of Medicine gives a refutation to these gross charges.

— Baron Humboldt,—who does not revere him and wish to know of his personal appearance, as well as of his writings? Bayard Taylor, who has just visited him, thus enthusiastically describes the veteran philosopher :

> As I looked at the majestic old man, the line of Tennyson, describing Wellington, came into my mind : "Oh, good gray head, which all men know." The first impression made by Humboldt's face is that of a broad and genial humanity. His massive brow, heavy with the gathered wisdom of nearly a century, bends forward and overhangs his breast, like a ripe ear of corn, but as you look below it, a pair of clear blue eyes, almost as bright and steady as a child's, meet your own. In those eyes you read that trust in man, that immortal youth of the heart, which makes the snows of eighty-seven winters lie so lightly upon his head. You trust him utterly at the first glance, and you feel that he will trust you, if you are worthy of it. I had approached him with a natural feeling of reverence, but in five minutes I found that I loved him, and could talk with him as freely as with a friend of my own age. His nose, mouth, and chin have the heavy Teutonic character, whose genuine type always expresses an honest simplicity and directness.
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> I was most surprised by the youthful character of his face. I knew that he had been frequently indisposed during the past year, and had been told that he was beginning to show the marks of his extreme age ; but I should not have suspected him of being over seventy-five. His wrinkles are few and small, and his skin has a smoothness and delicacy rarely seen in old men. His hair, although snow-white, is still abundant, his step slow but firm, and his manner active almost to restlessness. He sleeps but four hours out of the twenty-four, reads and replies to his daily rain of letters, and suffers no single occurrence of the least interest in any part of the

world to escape his attention. I could not perceive that his memory, the first mental faculty to show decay, is at all impaired. He talks rapidly, with the greatest apparent ease, never hesitating for a word, whether in English or German, and, in fact, seemed to be unconscious which language he was using, as he changed five or six times in the course of the conversation. He did not remain in his chair more than ten minutes at time, frequently getting up and walking about the room, now and then pointing to a picture or opening a book to illustrate some remark.

— Among the distinguished dead, for whom our profession have been called to mourn during the last month, is Dr. John A. Paris, late President of the College of Physicians, London, the following brief account of whose life we take from a London paper :

It is with very sincere regret that we announce the death of this excellent and distinguished man. Few men have run so long and at the same time so honorable a career. For half a century precisely, Dr. Paris had practised as a physician, and had risen to the very highest honors which it was in the power of his professional brethren to bestow. He was born at Cambridge on August 7, in the year 1785, and at twenty-two years of age he was elected physician to the Westminster Hospital—a most distinguished honor for so young a man ; and he continued in the active exercise of his professional duties until within a fortnight of his death. For fifty years, then—a considerable period even in the history of a nation—was the gentleman to whose memory we would fain offer a slight tribute of respect actually engaged in the alleviation of suffering and in the relief of afflicted humanity.

To Dr. Paris, as is well known in the profession and to all persons more intimately acquainted with his career, the office of the physician was no hireling's work to be hurried through for the accumulation of a fortune or earning distinction. It was the business and glory of his life. When but fourteen years of age, he commenced his studies for the arduous profession on which he was about to enter, and followed them up with a zeal incredible in so young a person : when he had attained the ripe age of three-score years and ten, the old man, true to the resolution of the boy, voluntarily took upon himself the arduous duties of President of the Medical Council of the Board of Health, and with his own hand wrote the introductory report on the cholera of 1854.

His personal history may be dismissed in a few brief sentences. Born at Cambridge, as we have said, in 1785, he became a member of Caius College, in the University, and graduated when very young in medicine. Among his contemporaries he was distinguished for the extent and elegance of his classical attainments. The Classical Tripos was not then in existence, and so, independently of the exigencies of his medical degree, he had not at the University any opportunity for displaying that fine and intimate knowledge of the writings of antiquity for which he was afterwards so distinguished both in private life and as President of the College of Physicians. From Cambridge he went to Edinburgh, then remarkable as a school of medicine, and was the friend and intimate companion of the many celebrated men who, in the first years of the century, had congregated at the Scottish capital. On his return to London, at the age of seventy-two, he was elected, as we before said, physician at the Westmister Hospital, but soon after vacated the appointment, as it was his wish to establish himself in the town of Penzance, in Cornwall.

During his residence at Penzance, Dr. Paris distinguished himself as the founder of the Royal Geological Society of Cornwall; this, we believe, was the first Geological Society in England. When at Penzance, too, he gave to the miners the great boon of the "tamping-bar," the instrument by which they are enabled to pursue their business amid inflammable gases without the fear of striking fire from the rock. By this simple but admirable invention Paris no doubt saved more lives than many heroes have destroyed. In the year 1810 he returned to London, and here for 45 or 46 years he was actively occupied as a practicing physician. He was elected President of the College of Physicians in 1844, and this office he held until the hour of his death.

Dr. Paris was not only known as a physician of the highest eminence—he was as remarkable for his literary ability. The *Life of Sir Humphrey Davy* will ever remain one of the classical biographies of the English language. In connection with Mr. Fonblanque he also wrote the *Medical Jurisprudence*, which has remained a text book with lawyers until our own day. His works of a more professional character were his treatise *On Diet*, which first brought him into notice, and which was published at a very early age; his *Pharmacologia*, which has run through more editions than most books; and his work on medical chemistry. Besides these and many other publications, his *Philosophy in Sport* has attained an enormous popularity, and with his life, the motive for an *incognito* which was never really maintained, has altogether terminated. In so brief a notice as the one to which we are necessarily limited by considerations of space, we can say but little more.

The last ten days of Dr. Paris' life were spent in the midst of excruciating sufferings, which were borne with the most remarkable fortitude. His chief concern appeared to be to console and comfort those around him, who could ill disguise their grief at the impending and irreparable loss. His intellect remained to the last as clear as at any time of his life, and while power of speech remained nobody who listened to him could believe that the end was so near at hand. The public and the medical profession have suffered great loss in the death of John Ayrton Paris, one of the most disinterested, honorable, and able men who have ever practised the profession of medicine. The grief of his own family and of those whom he honored with his friendship is not matter of public concern, save in so far as it may serve to show how this wise and good man was honored and beloved by those who knew him best.

THE AMERICAN

MEDICAL MONTHLY.

MARCH, 1857.

ESSAYS, MONOGRAPHS, AND CASES.

The Diastaltic System. By C. P. Frost, M.D.

A nervous system—the grand characteristic of the animal body—in its simplest form, is composed of (1) an afferent trunk, made up by the union of nerve fibres expanded over the surface of the body, or a portion of it; which terminates in (2) a ganglionic centre, composed of vesicular nervous matter; and (3) an efferent nerve trunk, which proceeds from the centre to be subdivided and distributed by a plexus of fibres to the muscular tissue of the body.

The first trunk is styled an afferent or excitor nerve, from its function of carrying an impression from the periphery *to* the centre, and thereby exciting a stimulus which is conveyed *from* the centre by the efferent or motor nerve, and causes a contraction of the muscle to which it is distributed. The *distinctness* of these two sets of fibres has only been *proved* in the highest department of the animal kingdom, yet it is believed to exist in all departments. The simplest form of nervous system is only found in the tunicated mollusca. As we ascend the scale, we find the system more complicated—consisting of numerous ganglionic centres, which are connected with each other by commissural bands, by which influences may be transmitted from one part of the system to another. As the number of organs to be supplied with nervous influence is increased, so must the number of ganglia be increased. In the star-fish, we find as many ganglia as there are rays ; i. e., the original form of nervous system is repeated as many times as the number of separate organs demands. The *complexity* of the function to be performed by a set of organs, may, in some cases, account for the multiplication of the ganglia. In all cases, the individual ganglia remain in a great measure separate from each other.

It is believed that every nerve fibre runs a *distinct* course from its origin to its termination. Each nervous trunk is made up of a large number of these fibres, and the different bundles of fibres composing a trunk may inosculate with the bundles of another trunk—yet the fibres themselves do not inosculate, but maintain a separate individuality. The office of each fibre is, therefore, probably distinct. An inosculation, or plexus, may have for its object the intermingling of the fibres of a nerve possessing one function with those of another possessing a different office, or to afford a better means of distribution for the nerves of corresponding endowments. It may also contribute toward favoring, measurably, a consentaneousness of action—as examination of the nervous system of the lower classes of animals would seem to indicate.

We find in all but the lowest invertebrata, ganglia superadded to those already mentioned, situated near the entrance to the digestive cavity, and which are connected with organs by the aid of which a knowledge of external objects is gained—these may be termed the "sensory ganglia."

An organ which is not itself the centre of sensory or motor nerves, but which derives its stimulus to action through the agency of the parts of the nervous system above mentioned, is found in all animals endowed with intelligence, and is called the cerebrum.

This essay is concerned, however, with that part of the system which exhibits those actions called, by Marshall Hall, *reflex* actions. To Dr. Hall we are indebted for the discovery and elucidation, in a great degree, of this system, called by him, originally, the True Spinal System, and more recently the *Diastaltic System.* He has substituted the term esodic for the name of the nerve first called afferent, and exodic for efferent ; meaning by the former the nerve that furnishes the way of communication from the circumference to the centre ; and by the latter, the nerve that makes a communication from the nervous centre to the periphery, i. e., the muscles.

We shall consider this system ; firstly, in respect to its Anatomy, and secondly, in respect to its Physiology. In the words of Dr. M. Hall, "its anatomy comprises a system of incident and reflex (esodic and exodic) nerves, connected with the spinal axis as a centre. Its physiology consists of functions all of which are performed through this peculiar anatomy. These functions comprise all the acts of ingestion, of retention, of expulsion, and of exclusion, in the animal economy ; they are those, therefore, on which depend (1) the preservation of the individual, and (2) the continuance of the species. All these are reflex spinal (diastaltic) functions."

1. *The Anatomy of the Diastaltic System.*

The cranio-spinal axis consists of the spinal cord, or *medulla spinalis*, and its prolongation upwards the *medulla oblongata*, and the sensory ganglia. The spinal cord is enclosed in the bony canal of the vertebral column, and extends from the foramen magnum to the first or second lumbar vertebra. Its branches are continued as the *cauda equina* to the extremity of the sacral canal. Its investing membranes from without inwards, are the *dura mater*—a continuation of the dura mater of the brain ; the arachnoid and the pia mater ; and a thin process of the latter sent off from each side of the cord for its whole length, and separating the anterior roots of the spinal nerves from the posterior, and called, from its serrations, the *membrana dentata.* The medulla spinalis presents on its anterior aspect at the middle line, the fissura longitudinalis anterior ; and on its posterior aspect the fissura longitudinalis posterior. The anterior fissure is wider than the posterior, which is so narrow between the second cervical and second lumbar nerves as to be hardly perceptible. The posterior fissure is, however, the deepest, as it penetrates to about one-half the thickness of the cord, while the anterior only extends to one-third of its thickness. The halves of the cord, made by these fissures, are united by a commissure of white and grey matter, in the centre of which is the "spinal canal," a continuation from the fourth ventricle. At a point corresponding to the line of attachment of the posterior roots of the spinal nerves, we see the posterior lateral sulcus—and at a point corresponding with the attachment of the anterior roots of the nerves, the anterior lateral sulcus. These furrows divide the lateral halves of the cord each into three columns : but, inasmuch as the anterior lateral sulcus is not well marked, and as there is no physiological distinction between the anterior and median lateral columns, it is customary to regard them as constituting one column.

On making a transverse section of the cord, it is found to be composed of white and grey matter. The white matter appears as two hollow cylinders placed side by side and connected by a narrow, white commissure. Each cylinder is filled with grey substance, which is connected by a commissure of the same matter. The grey matter thus appears to constitute two somewhat crescent-shaped masses, with the convexities turned toward each other ; while their cornua are turned toward the surface of the cord. They approach the surface at the point of departure of the spinal nerves—the anterior does not extend quite to the surface, but the posterior does, forming a narrow, grey line, which marks the sulcus lateralis posterior. The white substance of the spinal cord is composed of parallel longitudinal fibres, extending the whole length of the cord, and some of which are evidently continuous with those that constitute the nerves.

The cord is not of uniform dimensions throughout, but presents enlargements at the points of origin of the brachial and lumbar plexuses. In these enlargements, the quantity of both grey and white matter is increased ; the inferior, however, has the greatest quantity of grey matter. In the articulata and vertebrata, we also find similar ganglionic enlargements, where the nerves are given off to the locomotory organs.

From the medulla spinalis are given off three pairs of nerves, which go to be distributed to nearly all the textures of the body. These nerves arise by two roots, one anterior and a posterior. The anterior roots proceed from the anterior lateral sulcus, and are smaller than the posterior. The posterior roots proceed from the posterior lateral sulcus. Their filaments of origin are more numerous than those of the anterior.

Considerable diversity of opinion has been expressed in regard to the origin of the spinal nerves. Three different propositions have been offered. 1. That the spinal nerves are directly connected with the encephalon by the continuation of their root fibres with the longitudinal fibres of the medulla spinalis. These root fibres pass through the grey matter of the cord, and so are influenced by its vesicular matter—which is capable of exerting an independent operation through them. 2. That the medulla spinalis is the ganglionic centre of all the root fibres proceeding from it ; each set of nerves being connected only with its own segment of the cord, or only with those just above or just below it. 3. Is a combination of both the preceding. That some fibres go to the encephalon by the longitudinal columns, and others terminate in the grey matter. That those fibres which carry sensory impressions produce their effect by their direct continuity with the encephalon, and those fibres which transmit motor influences from the encephalon do so by the fibres coming directly from the brain.

The roots at the spinal nerves pass out of the canal of the intervertebral foramina in company. Within the foramina the posterior roots have upon them a ganglion. The anterior root is imbedded in this ganglion, but is separable from it, as its fibres do not go to form a part of the ganglion. On emerging from the foramina, the two roots unite to form a true spinal nerve. They then divide into an anterior and a posterior branch, of which the anterior is the largest. The posterior goes to be distributed to the posterior aspect of the body, while the anterior is distributed to the anterior aspect. The first, or suboccipital nerve, offers an exception to the general rule. Its posterior root is the smaller, and frequently has no ganglion upon it. The first eight pairs from above downward are called the cervical ; the next twelve the dorsal ; and the next five the lumbar ; and the remaining six pairs the sacral.

The *cervical plexus* is made up of the first four cervical nerves, and is distributed to the head and neck. The *brachial plexus*, made up of the four lower cervical and first dorsal nerves, is distributed to the upper extremity. The *dorsal nerves* are distributed to the thorax and abdomen. The *lumbar plexus*, formed by the five lumbar with the last dorsal nerve, with the sacral plexus formed by the lumbosacral and four sacral nerves, is distributed to the lower extremities and the pelvis, with the organs of generation.

The medulla oblongata, or the prolongation upwards of the spinal axis, extends from the pons varolii to a point opposite the upper border of the atlas. It is conical in shape, and is a little more than an inch in length. In its four principal columns may be distinguished on each side (1) the corpora pyramidalia situated on either side of the fissure which divides the medulla oblongata on the middle line in front, called the *fissura longitudinalis anterior*. They taper slightly from above downwards. Tracing their fibres upwards, we find that for the most part they enter the *crura cerebri*, and at last diverging and becoming mingled with grey matter, they form the corpora striata. 2. The corpora olivaria, situated immediately external to the preceding, from which they are separated, as well as from the *corpora restiformia*, by a well-marked groove. They receive their name from their slight resemblance in shape to the olive. Their fibres pass upwards to the pons varolii and then divide into two bands: one goes upward and forward to the crura cerebri, and thence to the thalamus opticus, while the other goes upward and backwards to the corpora quadrigemina. 3. The corpora restiformia, occupying the posterior half of each lateral column of the medulla oblongata. The fibres from these bodies pass entirely into the cerebellum. 4. The pyramidalia posteriora, whose fibres pass through the *crura cerebri* to the thalami optici. These bodies are separated from each other by the posterior median fissure, and from the corpora restiformia in front by a slight groove. They have often been reckoned as a part of the corpora restiformia.

We may trace the strands which connect the medulla oblongata with the centres above *upwards*, and we shall find that the longitudinal bands that connect the cerebrum with the spinal cord are divided into an anterior and a posterior tract by the fibres of the *great commissure* of the cerebellum (i. e., the pons varolii); and that the anterior tract is the motor, and the posterior the sensory. This fact may be determined by the character of the nerves arising from these portions respectively, as all the motor nerves of the encephalon arise from the anterior tract, and all the sensitive from the posterior portion. In the medulla oblongata we find the origin of all the encephalic nerves, save those of special sense. These have been arranged into three pairs by those who consider the cranium to be composed of three vertebræ. The arrangement here given is not, however, absolutely correct, inasmuch as some of the nerves here called esodic possess the endowments of an exodic nerve, in a measure, and vice versa.

The three sets of nerves may be arranged as follows:—

Esodic or Sensory.	*Exodic or Motor.*
I. Large Root of Trifacial.	Third, Fourth, Small Root of Fifth, Sixth, and Facial.
II. Glossopharyngeal.	Hypoglossal.
III. Pneumogastric.	Spinal Accessory.

The *trigeminus* most nearly resembles a spinal nerve, since it arises by two roots, one of which has a ganglion upon it. This root is entirely a sensitive nerve at its origin, and nearly so at its distribution. It receives a few motor fibres from the motor communis. It is distributed by its opthalmic branch to the skin of the forehead and anterior part of the cranium; to the mucous membrane of the eye and nose; also a branch to the integument at the extremity of the nose. The other, or small root, partly sensitive, (the branch distributed to the tongue and the one to the teeth of the lower jaw being sensitive,) is distributed to the muscles concerned in mastication.

The *motor communis*, or third pair, distributed to the superior, inferior, and internal rectus, the levator palpebræ and inferior oblique, is almost exclusively motor, though possessing a few sensitive fibres, probably from the large root of the fifth pair.

The *patheticus*, or fourth nerve, distributed to the superior oblique, is entirely motor.

The motor externus, or sixth, distributed to the external rectus, is also entirely motor.

The facial, or portio dura, of the seventh, distributed to the muscles of the face, concerned in expression, &c., is styled the *general motor* of the face. It, however, possesses some sensitive filaments derived from other nerves.

The esodic of the second pair given above—the glossopharyngeal —derives some motor filaments from anastomosis with other nerves. It is distributed principally to the mucous membrane of the base of the tongue and fauces, the tonsils and the mucous glands of the mouth. It has two gangliform swellings—the ganglion jugulare and the ganglion of Andersch.

The exodic of this pair—the hypoglossal, also sometimes called the *motor linguæ*, is distributed in great measure to the muscles of the tongue. It is, besides, distributed to the muscles of the neck, by which the movements of the larynx are produced.

Of the third pair, the pneumogastric is regarded as the esodic, and the spinal accessory as the motor. It seems proven that the pneumogastric at its root is purely sensory. It, like the posterior roots of the spinal nerves, presents a ganglion soon after it leaves its origin, the medulla oblongata. An interchange of fibres takes place between the pneumogastric and the spinal accessory at the *ganglion jugulare*, so that its trunk possesses double endowments. In some part of its distribution it seems to be purely sensory, and in others purely motor. Its distribution is very extensive. It sends a motor branch to the pharynx ; to the larynx in the superior laryngeal a sensory nerve, and in the inferior or recurrent laryngeal a motor nerve ; a branch to the œsophagus and trachea : branches to the lungs, the heart, and all the organs of the abdomen, except the kidneys.

The spinal accessory becomes incorporated with the pneumogastric, as has been seen, to a great extent, and gives to it its motor endowment. Its terminal branches are sent to the sterno-cleido-mastoid and the trapezius.

Table of the Anatomy of the Diastaltic System.

Esodic, or Incident Nerves.	*Centre.*	*Exodic, or Motor Nerves.*
I. Trifacial, arising from 1. The Eyelids. 2. The Extremity of the Nose. 3. Mucous Membrane of Nose. 4. The Fauces. 5. The Face. II. The Pneumogastric, from 1. The Pharynx. 2. The Larynx. 3. The Bronchia. 4. Heart and Organs of Abdomen, except Kidneys. III. The Glossopharyngeal, from 1. The Fauces and base of Tongue. IV. The Spinals, from 1. General Surface of Body. 2. Glans Penis vel Clitoridis. 3. The Anus. 4. Cervix Vesicæ. 5. Cervix Uteri.	THE MEDULLA OBLONGATA. THE MEDULLA SPINALIS.	I. The Patheticus. II. The Motor Externus. III. Small Root of the Fifth. IV. Facial, distributed to 1. Orbicularis Palpebrarum. 2. To Muscles of Face in general. V. Pneumogastric, through Spinal Accessory to 1. Pharynx. 2. Œsophagus, Cardia, &c. 3. Larynx. 4. Bronchiæ. VI. Hypoglossal. VII. Spinal Accessory. VIII. Spinal, distributed to the 1. Diaphragm. 2. Intercostal Muscles. 3. Abdominal Muscles. IX. Sacral, distributed to the 1. Sphincters. 2. The Expulsors, the Ejaculators, Fallopian Tubes, the Uterus, &c.

The foregoing is, indeed, an incomplete view of the Anatomy of the Diastaltic System, but it is, perhaps, sufficient for our present purpose.

2. *Physiology of the Diastaltic System.*

The Physiology of the Diastaltic System, although in a measure recognized by some of the earlier physiologists, was not examined nor understood in its true meaning, before the investigations of Dr. Marshall Hall. His labors, with those of his predecessor, Sir C. Bell, displayed new features of the nervous system and opened a new field for discovery.

Dr. Hall was led to make the investigations which resulted in the full substantiation of his grand discovery, by observing that the tail of an eft *moved* after it was separated from the body, when excited by the prick of a scalpel. This fact, which had before been often noticed by physiologists, had never received its proper interpretation. Dr. Hall's explanation of this phenomenon was this, (and subsequent experiments have only proved it to be the true one,) that the prick of the scalpel, or the irritation of the nerve at its distribution, produced an impression which was communicated to the nervous centre by the nerve irritated, and which has been named the sensory nerve, and that from thence an influence was sent out through the nerve called by Sir C. Bell the motor nerve, to the muscles of the part, causing them to contract. This nervous agency he considered to be the same as that called by Haller the *vis nervosa.*

Another experiment, performed by him, illustrates well the character of the diastaltic action. A horse, prostrated by a blow upon the anterior lobes of the brain, by which their function was destroyed, manifested no evidence of sensation or volition when the skin of the face or any part of the body was irritated, although respiration commenced very soon after the blow was given. When, on the other hand, the eyelash was lightly touched with a straw, the eyelid was immediately closed by the action of the orbicularis. When the cornea was touched, the eyeball rolled outward by the action of the abducens (motor externus). When the verge of the anus was touched, the sphincter contracted forcibly, the tail was raised, and the vulva drawn towards the anus. On the destruction of the medulla oblongata none of these actions could be excited. These acts, from the destruction of the cerebrum, must have been independent of volition and consciousness, as also of sensation. It is not often that we can *prove* that acts of this kind in man are independent of sensation ; and the fact that we do not see the same movements produced in man, in all cases, where a solution of continuity of the medulla spinalis has occurred from accident, that we observe in the lower animals when section of the cord has been made, has been considered by some as evidence that the latter are possessed of properties of which the former are destitute. This difference may, however, be accounted for, by considering the shock produced upon the system by injury of the cord at any part, sufficient to destroy its function, when compared with that caused by section of the cord with a sharp knife. Many instances have occurred, since the attention of physiologists was turned to this subject, in which similar actions to those of the lower classes of animals have been witnessed. A case of paraplegia is mentioned by John Hunter, in which he saw diastaltic motions produced ; and on asking the patient if he *felt* the irritation by which they were induced, he received for reply, "No, Sir, but you see that my legs do." We may consider it proved that the diastaltic actions are independent of sensation and of consciousness ; that the medulla spinalis is independent of the brain in its proper function, and is the centre of a distinct system of nerves—*distinct* so far as their function is concerned,—formerly it was considered as merely an appendage of it.

It is perfectly true that sensation often *accompanies* the actions called diastaltic, as in deglutition, respiration, &c., but it cannot be considered as necessary to the performance of these actions. In confirmation of this, may be given a case cited by Dr. Hall, of a man in whom there was complete hemiplegia of the left side, with entire loss of volition and consciousness, yet all the diastaltic functions were properly performed. On tickling the palm of the left hand, the fingers were moved. On tickling the sole of the left foot, the extensors were put in action strongly, especially those of the great toe.

The diastaltic actions are often exerted in opposition to the will. The act of respiration (which is purely diastaltic) will be carried on in spite of all efforts to the contrary, as the demand for fresh air becomes more imperative from its being withheld. A child, in a fit of passion, may "hold his breath" for a time, but be his obstinacy ever so great, it will be overpowered by the demand of the system for aërated blood.

The actions of the diastaltic system are never wholly suspended. To use the words of Dr. Hall, "the reflex (diastaltic) system never sleeps." The function of respiration is maintained as well during sleep as in the waking hours, and so also the other acts of this class.

The true spinal (or diastaltic) system places us in physical relation with the external world, as, by the cerebral system, we are put in relation to it mentally. Its actions are those which pertain to the due performance of the organic processes. On it depend the functions of ingestion, of retention and expulsion, as regards the animal economy. It also exerts a protective agency, as in the eyelids, &c. All these acts are purely of the diastaltic character, and are accomplished through the medium of esodic and exodic nerves, with their connecting centre—the medulla spinalis and the medulla oblongata, and by the agency of the vis nervosa, so called. These several systems of esodic and exodic nerves, with their centres, may be considered to form a series of arcs. Thus we shall have the arc of respiration, that of deglutition, &c.; a separate arc for each function of the body. We find that those parts of the diastaltic system which are the centres of actions the most important in sustaining life, are, according to their necessity, the best protected. For instance, the aëration of the blood, which must be continually performed, is under the control of an arc whose centre is located where it receives the greatest protection. That of deglutition is also very well protected. But those arcs which preside over expulsion, &c., have their centres in parts which are located in more exposed situations.

We may, with Dr. Hall, arrange a table of the physiology of the diastaltic system, as we have of its anatomy.

Table of the Physiology of the Diastaltic System.

- I. The Excited Action.
  - 1. Of the Eyelids and the Iris.
  - 2. Of the Orifices { Larynx.
Pharynx.
  - 3. Of the Ingestion.
    - *a.* Of the Food.
      - *ai.* In Suction.
      - *bi.* In Deglutition.
    - *b.* Of the Air, or Respiration.
  - 4. Of Exclusion.
  - 5. Of the Expulsors.
    - *a.* Of the Fæces.
    - *b.* Of the Urine.
    - *c.* Of the Semen.
    - *d.* Of the Fœtus, or Parturition.
  - 6. Of the Sphincters.
    - *a.* Of the Cardia.
    - *b.* Sphincter Ani.
    - *c.* Sphincter Vesicæ.
- II. The Direct Influence.
  - 1. In the tone } Of the Muscular System.
  - 2. In the irritability }

Let us examine somewhat more closely into the character of the actions performed by the parts mentioned in the preceding table, that we may more clearly see their relations to the Diastaltic System.

First, the *arc* of the *closure* of the *eyelids*, which are situated at one of the orifices guarded by this system. This consists of the

Esodic.	*Centre.*	*Exodic.*
The Ophthalmic Branch of the Trifacial.	Medulla Oblongata.	Branch of the Facial.

We have seen in the experiment of Dr. Hall upon the horse, how the closure of the eyelids was produced by the irritation of the straw upon the eyelash. The effect was produced through the arc above given ; the impression being communicated to the medulla oblongata through the trifacial, and a motor impulse sent from thence to the orbicularis palpebrarum through the facial. In the same way the effect is produced if the conjunctiva be irritated by the contact of dust or by the want of moisture ; the lids are immediately closed. In sleep the power of the will over the levator palpebrarum is suspended, and the diastaltic system causes the orbicularis to take the natural state of the sphincters—that of contraction. Here we see the protective agency of this system. In winking, which we are continually and unconsciously performing, we see it fully manifested. We may, for a time, by an act of volition, keep the levator palpebrarum in a state of contraction, but the diastaltic system soon prevails over the power of will, and the eyelid is shut. In paralysis of the esodic nerve, we see, in its evil results, as inflammation of the conjunctiva, &c., the benefit of this protective agency.

In the *contraction* of *the iris* from the stimulus of light, the diastaltic arc is not clearly determined, though the exodic nerve is undoubtedly the motor oculi, as may be seen by irritating the trunk of that nerve. The esodic seems to be through the optic nerve. This can hardly be considered as of the *purely* diastaltic character, since a nerve of special sense is supposed to form a part of the arc.

In the *closure* of the *larynx*, we have as the *arc*, the

Esodic.	*Centre.*	*Exodic.*
Superior Laryngeal.	Medulla Oblongata.	Inferior Laryngeal.

If the rima glottidis of one of the inferior animals be touched lightly by a feather, immediate contraction of the glottis will follow. So long as the connection between the larynx and the medulla oblongata is not interfered with. On destroying the medulla oblongata, or making section of the nerves mentioned as entering into the formation of this arc, the irritation does not produce this result. The same effect is produced by stimulating the part of the nerve in connection with the centre after section of the esodic, simply, though in a less degree. Here, as elsewhere, the greatest effect is gained by applications made to the surface to which the nerve is distributed. The experiments of Dr. Reid confirm the truth of the assertion, that the superior laryngeal is the esodic, and the inferior laryngeal the exodic nerve. The irritation to the nerves of the larynx, caused by the inhalation of carbonic acid gas, produces contraction of the larynx and affords a good example of the protective agency of this system of nerves.

The *arc* of *respiration* is one of the most important in its function. It is composed, according to Dr. Hall, of the

Esodics.	*Centre.*	*Exodics.*
1. Trifacial. 2. Pneumogastric. 3. Spinal.	Medulla Oblongata.	1. Spinal Accessory. 2. Intercostal. 3. Phrenic. 4. Spinal.

There can be no doubt that the Pneumogastric is the chief of the esodics, and in ordinary respiration it is almost the sole one. We find that on section of this nerve, the frequency of respiration is diminished about one-half, and also that irritation of the segment in connection with the medulla oblongata, causes efforts at respiration. If it acts by conveying sensation, we should suppose any irritation of the nerve would be productive of much pain; but we find that when the trunk of this nerve is pinched or pricked, the animal does not give evidence of suffering nearly as acute pain as from like treatment of a spinal nerve, or of the trifacial. The proper point for the application of stimulus is the periphery, or the surface to which the nerve is distributed. Here the natural stimulus is the presence of carbonic acid in the air-cells or of venous blood in the capillaries. We see the action of the trifacial and spinal nerves in producing respiration when a stimulus is applied to the surface of the body, as, in case cold water is thrown in the face, an act of inspiration is immediately induced. Cold air also will produce a like effect. This is well shown (and also that respiration is independent of any function of the cerebrum) in a case mentioned by Dr. Oliver in his work on Physiology, of an infant on whom craniotomy was performed and a large part of the contents of the cranium removed. The child cried lustily on being delivered. Here, as usually, the stimulus of the cold air on the surface acted through the trifacial and spinal nerves as the esodics, and the medulla oblongata—which was doubtless uninjured by the operation of craniotomy—as a centre, and the exodics above-mentioned, to produce inspiration and crying. Similar phenomena are seen in the case of anencephalous fœtuses. A case mentioned by Dr. Ley, and referred to by Dr. Carpenter, is in point. A man whom he saw had evidently disease of the Pneumogastric, and as a consequence, laborious breathing; yet the patient affirmed that he felt no uneasiness in the chest. Volition and consciousness may modify the respiration to some extent; for we see that the breathing of waking and consciousness is different from that of sleep or coma.

The exodics of Respiration are those nerves styled by Sir C. Bell the respiratory nerves. The phrenic, called by him the internal respiratory, is a spinal nerve, and the most important of the exodics.

The actions of yawning, sighing, coughing, sobbing, laughing, crying, sneezing, and hiccough, are produced by the agency of the same arc, with some modifications, as the act of Respiration.

The Arc of Deglutition, according to Dr. Carpenter, is composed of the

Esodics.		*Centre.*	*Exodics.*	
Glossopharyngeal. Trifacial to Fauces.		Medulla Oblongata.		
Superior Laryngeal, Œsophageal, Cardiac,	Branches of the Pneumogastric.		Pharyngeal, Œsophageal, Cardiac, Recurrent Laryngeal,	Branches of the Pneumogastric.
			Hypoglossal. Trifacial to Lower Jaw. Facial. Spinal from Cervical Plexus.	

This is one of the arcs of ingestion, and exhibits perhaps as well as any, the character of this kind of action.

That the Glossopharyngeal is the principal esodic of this arc, would seem to be demonstrated from its distribution to the mucous membrane of the fauces. Additional evidence of this fact is gained by irritation of the trunk of the nerve, which will produce distinct acts of deglutition, if the nerve be not injured in any part of its course. The trifacial by a few fibres sent to the fauces assists in forming the esodic communication between the pharynx and the medulla oblongata.

As the food passes down the œsophagus it is forced along by the contraction of the muscular walls of that tube upon it. These contractions are not excited *simply* by the pressure of the food upon the muscular fibre, but are induced through diastaltic action. The esodic, here, is the œsophageal branch of the pneumogastric. Irritation of this nerve produces contractions of the œsophagus, which are continued to the cardia. The cardiac branches, however, furnish the most direct medium of communication between the nervous centre and the cardiac sphincter. The table gives the esodics as determined by the experiments of Dr. Reid.

In some of the lowest animals, the performance of the function of ingestion of food seems to be the main use of the nervous system. All the actions of such animals are considered to be purely reflex. In the polypes and some others, we find the mouth, or the aperture of the stomach, surrounded by tentacula, which, by their contraction, bring whatever may come in contact with them within the reach of the muscles surrounding the opening, which close upon and retain it. The pharyngeal muscles, in man, act the part of the tentacula of the polyp and hydra, and the muscles of the œsophagus that of the muscles about the aperture of the stomach.

There is no difficulty in perceiving that these acts are purely reflex, since they cannot be produced nor restrained by an effort of the will. The contact of a small bit of food, or of a small quantity of saliva upon the fauces, is capable of exciting the act of deglutition ; but without the stimulus of some body in contact with the fauces, it cannot be excited. After it is induced, the strongest effort of the *will* will be of no avail in restraining it. The only mode in which the will can effect the act, is in bringing substances in contact with the fauces or by withholding them. This act is continued during sleep ; as in the swallowing of the salivary secretion. Also in apoplexy, when the functions of the brain are suspended. It is also seen in animals from which the cerebrum has been removed. Anencephalous infants often swallow as well as those in whom the brain is perfect. Section of the nerves entering into this arc, or injury to the centre, immediately interferes with the performance of this function. Here is a case of diastaltic action without sensation. Sensation precedes it, but after the substance exciting sensation has passed into the pharynx, it causes no further consciousness of its presence, unless by its size or temperature.

It is believed that, although the acts by which the food is prepared for deglutition in the case of the higher animals are dependant on the will for their accomplishment, still the act of *suction*, in the infant, is at first purely diastaltic, since aneucephalous infants have been seen to perform it as readily as those perfectly developed.

Thus we see in the ingestion and digestion of the food—1st, an act almost wholly dependant on the will—that of mastication : 2d, an act of the pharynx in swallowing, which is purely diastaltic, and is *accompanied with* sensation : 3d, the act of the œsophagus, diastaltic *without* sensation : 4th, the act of the stomach and intestines, which is mostly, doubtless, independent of the spinal cord, and is called peristaltic. At the termination of the Alimentary Canal, we have the act of egestion, which is diastaltic in great part, and of which the arc is made up of the

Esodics.	*Centre.*	*Exodics.*
Spinal Nerves to the Rectum Perineum, &c.	Lower part of the Cord.	Spinals to the Rectum, Sigmoid Flexure, Levator Ani, and Abdominal Muscles.

Egestion is accomplished through the agency of the muscles of respiration, in a measure—that is, the lungs are filled with air, the glottis is closed, and the diaphragm fixed—then the muscles of the abdomen—with the levator ani, can contract upon the contents of the abdomen, the muscular walls of the rectum and the large intestine also assist in this action. At the same time, the sphincter is relaxed and the contents of the intestine discharged in the direction of the least resistance.

This act is in a measure under the control of the will. The sphincter ani is, however, maintained in a state of moderate contraction by the agency of the spinal cord alone, as we see in the experiments upon the lower animals that the sphincter is immediately relaxed on the destruction of the spinal cord. The action of the expulsors is just about evenly balanced by the sphincters ; the latter being slightly the greatest. The stimulus which would cause the former to contract forcibly, would produce sensation, and then the power of the will would come in to counteract this expellent force or to direct it. Or before the stimulus of the matter to be excreted upon the extremities of the esodic nerves be sufficient to excite contraction of the expulsor muscles, a regard to future comfort, or a regard for the laws of health may cause us to induce it by the will, principally, doubtless through the abdominal muscles and others concerned in respiration.

The arc of micturition is essentially the same as that of defecation ; with the exception that some of the esodics arise from the mucous lining of the bladder instead of the rectum, and that some of the exodics are distributed to the muscular coat of the bladder instead of the rectum.

In parturition we find a function which is partly under the control of the medulla spinalis and partly not so. The contractions of the uterus during the first stage of labor are almost purely peristaltic, and therefore are not influenced in any great degree by the spinal centre. And the fact that the infant has been born after the death of the mother, that is, after the nervous centre had in great part or entirely ceased its action, would seem to indicate that it may be an act not properly reckoned among those called diastaltic. In this case the resistance of the soft parts would be measurably overcome by their want of nervous power, and the peristaltic action of the uterus alone might suffice for the completion of the labor. But many things afford evidence that these contractions are generally considerably influenced by the diastaltic system. The arc in this case is made up of the

Esodics.	*Centre.*	*Exodics.*
Nerves to interior of Uterus and Vagina. Do. to Ovaries, and Rectum, and Bladder. Do. to surface of Abdomen. Do. to Mammary Gland. Trifacial to Face.	Lumbar part of Cord.	In 1st and 2d Stage, Nerves to Muscular Walls of Uterus. All but 1st Stage, do. to Abdominal Muscles and to Glottis.

Says Dr. Tyler Smith, " Contraction of the uterus of a diastaltic kind, may be excited by irritation of the mammæ, as in the act of suckling the infant ; by the impression of cold upon the vulva or abdominal surface ; by irritation of the rectum as by stimulating enemata ; by gastric irritation, as in drinking a gulph of cold water; by ovarian excitement as in the occurrence of abortion from the menstrual nisus ; by irritation of the vagina or pressure on the perineum and by irritation of the os and cervix uteri. These facts supply the proof that the uterus is endowed with reflex action, and that its exodic nerves are in relation with the mammary, pubic, rectal, pneumogastric, ovarian, and vaginal nerves, and the nerves of the os and cervix uteri as esodic nerves.

That the internal surface of the uterus possesses incident spinal nerves is proved by the occurrence of vomiting, &c., from uterine irritation.

There is no other organ, not even the stomach, which can be excited by so many distinct organs, or which acts as such an extensive excitor of motor action in other parts, both in the impregnated and unimpregnated states, as the uterus."

With this imperfect sketch, we close our essay on the Diastaltic System—a system which, in its Anatomy, Physiology, Pathology and relations to medicine, offers a wide field of interesting and profitable investigation and discovery to the earnest and faithful student.

Selections from Favorite Prescriptions of Living American Practitioners. By Horace Green, M.D., LL.D., &c.

Cathartics and Laxatives.—(Continued.)

Cathartics and Laxatives may be classed together, although as pharmacological agents, a distinction between them is of considerable importance in practice.

Cathartics are usually divided into purgatives and laxatives. *Purgatives* are those medicinal substances which, by producing a temporary irritation on the mucous membrane of the intestines, excite the action of the exhalent and secreting organs of these parts, causing them, thereby, to evacuate their contents.

Laxatives are those agents which, by their relaxing efforts on the intestines, excite alvine evacuations without occasioning irritation, or stimulating the exhalents of this tube.

From a very early period in medicine, purgative remedies have been in greater requisition than medicines of any other class; and physicians of all ages have considered them as the most effectual, certain, and valuable of all other therapeutical agents. In the intelligent administration of these remedies, it is necessary to consider their immediate and remote effects, as well as the anatomical structure and physiological relations of the parts affected by purgatives. Purgatives act powerfully on the mucous membrane of the small and large intestines; it is only by accident that the stomach is affected. An irritation is set up on the intestinal surface, by exciting the exhalent and secreting organs, by which action, the serous and mucous discharges are greatly augmented.

The excretory ducts of the liver and pancreas open on the interior of the duodenum, and the irritation of their extremities is communicated to these glands, by which their secreting functions are much increased. The fibres of the muscular tunic, through which the vermicular motion of the intestinal canal is effected, becoming stimulated by the action of purgatives, have their contractions accelerated, whereby the peristaltic action of the intestines becomes more rapid, all of which tends to urge their contents on towards the rectum.

"The irritation caused by purgatives on the inner surface of the intestines, increases the secretions of the liver and pancreas, as well as those of the mucous follicles, covering this surface;—it augments the energy of the intestinal exhalents;—all these products flow into the alimentary canal, by which means all the abdominal organs are disgorged. * * During their operation, the blood is carried, in increased quantity, towards the abdomen ; there is, then, more heat and increased movement in this part of the system ; this increased action of the abdominal organs exercises a derivative or revulsive effect with respect to the head and chest. The irritation produced by purgatives on the nerves distributed over the intestinal surface, is communicated to the plexuses of the ganglionic nerves, to the spinal cord,—rarely to the medulla oblongata ; this movement is diffused over the whole system, and gives a shock to the entire frame."*

In prescribing cathartics, regard should be had to the fact that each purgative substance is characterized by a peculiarity of action, as regards the part of the intestinal canal affected by it ; mercurials produce their effect, mainly on the upper portion of the tube ; gamboge exerts its influence on the stomach, while aloes, passing by the superior portions of the intestinal canal, spends its powers on the inferior part of the tube. Hence the importance of exercising care in the selection of a cathartic to be prescribed, that the article may be adapted to the impression we desire to make.

When we wish to evacuate the contents of the bowels, without occasioning irritation, or any increased action of the exhalants,—as in those diseases in which irritation or inflammation of the gastro-intestinal surface already exists,—we then have recourse to laxatives or aperients.

In disease, cathartics may be administered at any period during the twenty-four hours ; ordinarily, they are best given in the morning, when the stomach is empty. In intermittent diseases they should be administered during the period of intermission.

Most physicians of experience have a favorite *pill,* which they are accustomed to employ as their ordinary, every day cathartic. Pills composed of the following ingredients have been used for many years, by a physician of large experience and extensive practice, in Vermont :

R. Extract. Aloës Pulveris. - ʒij
Guiaci Pulveris. - - ʒj
Gambogiæ Pulveris. - ʒiss
Saponis - - - ʒj

Fiat massa et in pil. lxxxii æquales div. sumat ij vel iij pro dosi.

Pills, made with care, of these ingredients, in the above proportions,—the materials being intimately pulverized and blended,—constitute a most excellent, ordinary purgative. From two to four, taken at bed-time, will be followed, the next morning, by decided catharsis, without producing, ordinarily, any disturbance of the stomach, whatever.

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* A Manual of General Therapeutics, &c. By D. Spillan, M.D., London, p. 277.

Prof. P., of New England, an old and experienced practitioner, recommends the following as "a valuable purgative, and every day cathartic:"

℞. Ext. Aloës Pulv.
Gambogiæ Pulv. aa ʒj
Hydrarg. Chlo. Mite.
Jalapæ Pulv.
Saponis dur. - aa ʒss

Ol. ricini. syrupi. q. s. Fiat Massa, in pil. lx æquales, div. quorum capiat ij vel iij pro dosi.

℞. Ext. Aloës Pulv. ℥ss
Gambogiæ - ʒj
Rhei Pulv. - ʒss
Olei Cinnamonii m. xx.

Syrupi rhamni q. s. Ft. Massa in pilulas, 120 dividenda.

The above is the favorite laxative pill of a distinguished lecturer and practitioner of Massachusetts.

For overcoming habitual constipation in dyspeptic patients, the following are useful pills:

℞. Aloës Socat.
Rhei Pulveris. aa ʒij
Pulv. Aromat. - ℈ij
Saponis - - ʒj

Syrup. rhamni q. s. Fiat Massa in pil. lx div. quorum sumat ij pro dosi.

℞. Extract. Aloës Pulv.
Rhei Pulv. - aa ʒj
Ipecac. Pulv.
Sapon. dur. - aa ʒss

Fiat Massa et in pil. xxx div. sumat i vel ij pro dosi.

By some practitioners, the above pill is preferred, in the habitual constipation of dyspeptics.

The following were the favorite anti-dyspeptic pills of Dr. Chapman:

℞. Extract. Aloës - ʒj
Ipecacuanhæ Pulv. ℈j
Mastich - - ʒj
Olei fœniculi gtt. xx

Fiat Massa in pil. xl div. sumat una mane nocteque.

Many distinguished physicians of this country are accustomed to combine a small amount of calomel and tartarized antimony, in their ordinary aperient pill :

℞.	Extract. Aloës - -	ʒss
	Rhei Pulv. - -	ʒi
	Hydr. Chlorid. Mite.	gr. iv
	Ant. et Potass. Tart. -	gr. ij

Misce. intim. Ft. Massa et in pil. xxx divid. sumat ij, pro dosi.

The above are the favorite cathartic pills of many Southern practitioners.

With many patients, aperient mixtures, or electuaries, are preferred to pills. The following mild laxative mixture, which was originally prescribed by an eminent physician of Virginia, has been since employed by many practitioners of our acquaintance,—all of whom speak of it as a most excellent and efficient aperient :

℞.	Aloës Soc. pulv.	ʒv
	Sodæ Bicarb. -	ʒiss
	Tr. Lavendul. comp.	℥ss
	Aquæ puræ -	Oj

M. Fiat Mistura, cujus capiat coch. j mag. quotidie.

After constipation is overcome by the administration of the medicine in the above doses, a teaspoonful taken at bed-time will in most persons be sufficient to keep the bowels in a soluble condition.

In cases of constipation, attended with flatulence or acidity, an experienced practitioner of Virginia, highly recommends the subjoined :

℞.	Extract. Aloës pulv.	ʒiij
	Potassæ Bicarb. -	ʒvj
	Syrupi. Rhei Aromat.	℥ij
	Sp. Lavendul. Comp.	ʒij
	Aquæ puræ - -	℥vj

M. Fiat Mistura. cujus capiat coch. parv. una meridie noctique.

Physicians are frequently called on to prescribe for cases of habitual, or occasional costiveness, in which laxatives, although indicated, yet have the effect to weaken the patients, or induce debility of the alimentary canal, whenever they are administered. Under such circumstances, our colleague, Professor Peaslee, has been accustomed to employ, for many years, in his practice, the subjoined mixture, which is a combination of a tonic and a laxative, and which, after years of experience in its use, he assures us, is admirably adapted to such cases—being especially useful in troublesome constipation occurring in feeble persons, and in that which often attends convalescence from fevers and other severe diseases. It may be employed for several weeks in succession without irritating or weakening the alimentary canal:

℞.	Rad. Columbæ contus.	℥ss
	Fol. Sennæ	℥j
	Extract. Taraxaci	
	Mannæ	aa ℥ss
	Aquæ Fervent.	℥xij
	Macera per horam, cola et adde *Holland Gin*	℥iv

Misce sumat cochleare mag. j vel ij pro dosi.

The above is also an excellent vehicle for the administration of iron and other tonics, in cases of anemia and dyspepsia, accompanied by constipation.

When it is desirable to employ a very certain cathartic in cases of obstinate constipation, arising particularly from inaction of the liver, or from other causes, the same physician places great reliance in the following mixture:

℞.	Extract. Aloës	ʒij
	Extract. Taraxaci.	℥ss
	Sennæ Fol.	℥j
	Rhei contus.	ʒiij
	Nucis Vomicæ pulv.	ʒiss
	Aquæ Fervent.	℥xij
	Macera per horam, cola. et adde Magnesiæ Sulph.	℥iss
	Holland Gin	℥iv.

Cujus sumat. cochl. mag. pro dosi, secundâ quâque horâ, donec alvus soluta sit.

In robust adults, two tablespoonfuls may be administered at first, followed by one spoonful every two hours until relief is obtained.

A tablespoonful may be taken every night to prevent a recurrence of the constipation.

℞.	Magnesiæ Carb.	ʒij
	Rhei pulveris	ʒiss
	Tinct. Rhei	
	Syrupi Simp.	aa ℥j
	Aquæ Menthæ piper.	℥iv

Misce. Fiat mistura cujus capiat cochl. mag. j. pro re nata.

The above is a very gentle and excellent aperient in some forms of dyspepsia, attended with flatulency or acidity of the stomach.

As a mild and refrigerant aperient in febrile complaints, the subjoined mixture may be given when a laxative operation is desired.

It may also be advantageously prescribed for patients laboring under torpidity of the liver.

℞. Infusi Sennæ comp. - ℥iij
Rhei pulveris - - ʒj
Tinct. Sennæ - - -
Tinct. cardam. co. - aa ℥iij
Syrupi Zinziberi - - ʒij
M. Fiat mistura cujus sumat cochl. ij ampl. pro re nata.

The physician is not unfrequently called upon to prescribe for patients enfeebled by chronic disease, in whose cases tonics, although indicated, are not well borne because of the presence of a deranged condition of the digestive organs. In such cases we have often administered for a week or ten days the following aperient alterative pill ; after which tonics may, generally, be advantageously exhibited :

℞. Extract. Hyosciami - ʒj
Massæ ex Hydrarg. - ℈j
Ipecacuanhæ pulv. - - ℈j
Fiat massa. in pil. xl. div. sumat unam mane noctique.

Under the same circumstances as above, Professor T——, of New Haven, recommends the following :

℞. Hydrarg. chlorid. mite grs. iv
Capsici pulveris - -
Extracti Conii - - aa ʒj
Misce. Fiat mass. in pil. xxxii divid.

One of these pills may be administered morning and evening. In dyspeptic phthisis, in cases of ordinary dyspepsia, attended with inaction of the liver, the exhibition of these pills for a short time will often prepare the system for the administration of a tonic or supporting plan of treatment.

Dr. Abercrombie, of Edinburgh.—Sketch of his Life and Character.

This celebrated physician held a place distinguished in the annals of medical science, though he passed his life in the obscurity of a provincial city. He was one of the few members of his profession whose name transcended the limits of the place in which he lived, and whose labors were directed to an object somewhat higher than the art by which he flourished.

He was the son of an eminent Scotch Presbyterian clergyman, and was born in the year 1781, in the city of Aberdeen, where his father filled one of the chief livings in the place, combined with a chair in the University, if we mistake not, to the rectorship of which his distinguished son, a few years ago, was elevated. He, of course, enjoyed the benefit of a sound education—an advantage of easy access to most of the natives of that country, and nowhere more so than in Aberdeen,—of which it is said, in a tone of complacency by the inhabitants, though often in a spirit of derision by their neighbors, that it has two Universities, while all England contains no more. He was an able scholar, in the Scottish sense of the word, though to the character of a high classic his claim might, in more southern latitudes, have been not so readily acknowledged. The Scotch Universities, indeed, have in this respect seldom produced a man who could vie with those of the South. The metaphysical disposition of the people, and their preference of useful to merely ornamental accomplishments, have incapacitated them from acquiring preëminence in such a field ; and as they have not the habit of committing to memory, as in England, portions of those authors whom in early life they have studied, they are seldom able, even if inclined, to make any parade of the little they have learned. This, however, may be considered but a small objection to the qualifications of a physician whose reputation does not depend mainly on the facility with which he can construe the *anapæsta* into wretched English hexameters, or twist Latin into still more miserable nonsense verse.

A deficiency such as this might have been fatal to Dr. Abercombie in the South, where in answer to remarks that one "leading member of the profession was superficial, and another not particularly bright, it will be gravely stated, "aye, but see what amirable classics they are ; they have the whole *anabasis* at their finger-ends :" but in Edinburgh, whither Abercrombie, after receiving the usual initiatory course of study in his native city, removed to complete his medical education and enter upon practice, it had no such effect. That city contained within its precincts men of ability, and frequently of European renown. The celebrated "Speculative Club," where Scott, Jeffrey, Brougham, Leslie, Playfair, Stewart, and a host of others, first fledged their wings and tried their powers, was then in its zenith ; and the speculative turn of Abercrombie's mind made him welcome in a society where speculative discussions were then carried on with a brilliancy and a force of illustration and of fancy, which redeemed them from that repulsive dryness which had previously, and has since, been their lot. In this *arena*, however, Abercrombie was not destined to become conspicuous. His comparative youth, and some degree of natural timidity, incapacitated him from entering into argumentary conflicts; and when, after a long course of study and reflection, he obtained a mastery over the subject, perhaps more complete and profound than any of them, the pen was the instrument by which he chose to give expression to his thoughts.

Meanwhile he entered upon practice; and, we believe, at first, and for many years, with that small success which in his profession is so often, and nowhere oftener than in Edinburgh, the lot of modesty when accompanied with merit. During a long time he remained in an obscure or unfashionable quarter of the town; but at last, by chance rather than otherwise, his desert was recognized, and he from that period remained the first in rank, reputation, and ability, among Scotch physicians. Latterly he had not an equal in Europe.

But though deeply learned in his own art, he did not consider it the only science in existence; and he was one of the few members of the medical profession whose character those unconnected with that body can feel pleasure in contemplating. He was not one of those who consider physic as the only subject worthy of consideration, and fees as the sole object deserving of attention. He belonged not to that numerous branch of the faculty whose whole soul is immersed in medicine — who never entertain a thought unconnected with it— whose whole existence is passed in the fabrication of pills, powders, and prescriptions, or in the contemplation of phlebotomy, lithotomy, and a host of like horrible operations. Abercrombie was looked down by persons of this grade. They hesitated not to style him a quack, because he was simple in his prescriptions, and to run him down as a "paper-stainer," because he devoted some share of his time to philosophy. Such was the estimation in which he was held by a portion of those worthies, the object of whose life seems to be to give a new interpretation to that gloomy passage of Cicero: *Hæc studia nobis pernascant*, &c.—who have appropriated it to medicine alone — who exclusively bestow upon this their dreaming moments and their waking hours — who, not satisfied with such agreeable meditations during the night, bestow upon them their first morning thoughts—of whom they are the constant companions by day, and the last reminiscences ere retiring to bed. But he was a man of whom any profession might be proud. He was one of the few followers of medicine whose talents would have secured him an honorable reputation in any honorable avocation; and whose worth would have adorned any situation. He acquired an extensive practice without a shadow of sycophancy, and accumulated a large fortune without a shade of meanness.

If Abercrombie's benignant nature would have permitted him to look with superciliousness upon any, he must have looked with contempt upon these men, whose extreme devotion to their art might command approbation, were it not for the illiberal feelings it tends to cherish; and did it not, in nine cases out of ten, proceed not from any love of science, but solely from the ungenerous motives of running down a rival, or of satisfying the cravings of avarice. Such men consider any deviation from the usual routine as a trap for letting in the enemy (that is to say, their next-door neighbor), and every moment bestowed upon any other object than the "shop" as so much money taken out of the till. If a medical man of this sort were asked for a loan of his house, his goods, or chattels, for a day, perhaps he might answer he would take the subject into consideration; but if requested for an hour of his society on any subject unconnected with medicine, he will, without a moment's hesitation, reply by a stern refusal. If he take pen in hand for any other purpose than writing a prescription, or making out a bill, it may safely be sworn, without seeing the manuscript, that it has some connection, more or less intimate, with the everlasting subject of drugs. If he appears in print, it is almost invariably on some professional subject; and generally he is induced to give his thoughts to the world either by hope of present pelf, in the shape of hard cash, or of future pay from reputation in his art. The instances of medical men publishing on any topic beyond the immediate sphere of their profession are rare; and partial as they are to ringing the changes on the eternal text of physic, it may be questioned whether in the whole range of medical literature, there be a single author upon the more interesting subject of metaphysics, except the lamented subject of this memoir.

It was, we think, in 1818 that Dr. Abercrombie published his first work on the Intellectual Powers, and it stamped him at once as a writer of a high order. The publication soon acquired an extensive reputation, and it unquestionably was worthy of its fame. It contained many views original, if not profound; though perhaps it may be doubted by some whether he pursued his researches to that point of which the subject is susceptable, and be denied by others that he surpassed the investigations of the French philosophers of the last century, many of whose works are now consigned to oblivion, amid the general and unmerited abuse heaped on all (with the exception of Voltaire) to whom the name of Encyclopediast could be applied. Abercrombie's work, however, though based on their speculations, is carried out on a principle diametrically opposed. The views of the French philosophers depend mainly on materialism, while the early education of the Scotch physician has given a tone to his pages almost too exclusively religious. Presbyterianism of the strictest Geneva school is stamped on every line ; the stern fanaticism of Knox, and milder yet equally intense fervor of Wishart, were never more conspicuous in times whose rude and savage habits prompted the one to hurl out his anathemas in the pulpit, and the other to maintain his opinions at the stake, than in the modified views of Abercrombie—modified only because the age has become more civilized. Though comparatively passionless, he has adopted all their fervor—some may be disposed to add, all their fanaticism ; for in the recent schism of the Scotch Church, Abercrombie took the side of the more extreme or seceding party, with a decision which must have told severely on his fortune and practice. Of his sincerity there could be no question ; and if, in his work, he has failed in giving any bold and comprehensive views, and tracing out great causes to equally gigantic results, it is perhaps because in investigating such a theme as the Intellectual Powers, the mind ultimately becomes exhausted in the infinity of the subject.

Dr. Abercrombie's other works were an inquiry into the Functions of the Brain and Internal Organs ; likewise a small work of a religious nature—a subject to which he had strong natural bias—published only a few days before he was so suddenly cut off. All of them indicate reflecting powers of a high order, though none have attained such celebrity as his first publication. The style of the whole is chaste and classical.

But it was not to his works, though most of them have gone through many editions, that Abercrombie was indebted for fortune. These rather were an obstacle to his progress, in the estimation of those who consider that a medical man has no right to devote attention to any subject beyond the limited sphere of his own profession. As a physician he stood unrivalled. His powers of detecting and discriminating disease were great, and could only be surpassed by his rare simplicity and sagacity in the administration of medicine—a system which, as already mentioned, exposed him to occasional obloquy in the eyes of the profession, though it enhanced his merits in the estimation of the public. His practice resembled that of the celebrated Radcliffe, who was wont to say that he set out in life with ten remedies for one disorder, and finished by making one remedy suffice for ten diseases—with this difference only, that Abercrombie's prescriptions were simple from the first, and scientific to the last. In his mode of treatment he trusted more to aiding nature than evincing art ; and he was often eminently successful in cases where every other means of alleviation failed. Many instances are known in which he succeeded by the simplest means, and not a few in which he saved the patient's life, merely by ordering a discontinuance of the harsh remedies employed by others, when he was called in at a period when all seemed hopeless. It was a source of surprise and regret to many that his abilities were not secured to the metropolis. His aversion to hospital monopolies and their intrigues prevented this ; and perhaps fortunately for him : for if he had attempted to set out in metropolitan practice without some connexion with these institutions—he might have lived with the reputation of a visionary, and died in the position of a beggar. In Edinburgh he stood alone; he had many competitors, but no equal.

Another source of Abercrombie's success cannot be omitted in an impartial memoir of his life : he was connected with what is termed the religious world ; and in no part of the kingdom is piety held in greater respect than in Edinburgh, though its counterpart, cant, is so general that it is very difficult to distinguish the counterfeit from the genuine coin ; but Abercrombie's sincerity, we believe, was never called in question. Early trained and early introduced in the religious world, his connection with it was beneficial in superseding the necessity for that attachment to hospital practice which, in Edinburgh, as well as London, is considered essential to a medical man's success. He was accordingly never connected with any such institution, and consequently never enjoyed any opportunity of inculcating his precepts beyond that afforded by his works.

In personal appearance Dr. Abercrombie was a man about sixty years of age, with a figure under middle height, but well formed and singularly compact. His features were good and expressive ; his eyes large and lustrous ; and a finely-developed head afforded a true indication of the power that reigned within, though perhaps also evincing in its position a tendency to that disease of which he died. His whole appearance was highly prepossessing, and could not fail to impress the most careless observer with the conviction that the little man before him was far above the common herd. But, though thus highly gifted, Abercrombie was remarkably devoid of any show of complacency and pomposity He was, on the contrary, singularly modest and unassuming in his address. He was of a retiring but amiable disposition; and at the same time a man of true beneficence. He would disinterestedly attend, for weeks together, the most friendless stranger, whose forlorn lot it might be to be stretched on a bed of sickness. And, take him all in all, it is impossible to estimate too highly his abilities as a physician, or his worth as a man.

The Seat and Nature of Hooping Cough. By M. BEAU. Read before the Academy of Sciences, Paris. Translated from the *Gazette Medicale* for the MONTHLY.

Hooping cough is symptomatically characterized by a sort of convulsive cough, which so resembles, that it may be mistaken for it, that condition of imminent suffocation which is experienced when one swallows, as it is vulgarly called, *the wrong way*. The seat and the nature of this disease,—peculiar to infancy, which it often affects epidemically,—are still unknown. According to some authors, it is one form of bronchitis;—in the opinion of others, it is a pure and simple nervous affection of the air-passages;—according to others, again, it is a complex disease, belonging, at the same time, to catarrhal and nervous affections. The aim of this article is to show that hooping cough is an inflammation of the air passages, as I have learned from the various examinations of the cadaver which I have made. I will show, in addition, that this inflammation occupies a somewhat narrow and singularly circumscribed position; and, as we shall see, it is precisely the peculiar seat of this inflammation which will readily explain to us the characteristic symptoms of hooping cough.

Hooping cough, we have said, resembles the condition of imminent suffocation produced by the penetration of a drop of liquid into the larynx. Nothing remains to render the similarity complete, except to find in the material circumstances of the disease, the drop which falls from time to time into the larynx, and produces, as does that which is sometimes introduced therein during the act of swallowing, the effects of suffocation which we have noted. But the possibility of the fall of a drop of liquid exists also in hooping cough, as we shall endeavor to show.

The portion of the mucous membrane of the air passages which, as we have above stated, is inflamed in hooping cough, is that somewhat narrow zone which exists between the superior orifice of the larynx and the superior vocal chords. This rather limited supra-glottic region, as is well known, becomes gradually enlarged, in proportion as we ascend from the glottic opening towards the superior orifice of the larynx, so that its general form is somewhat like an *infundibulum*, or funnel, whose base is above at the superior orifice of the larynx, and the smaller end below at the opening of the glottis. This is the very point which my anatomical investigations have most positively shown me to be affected by inflammation. The mucous membrane forming this surpa-glottic funnel is red, slightly swollen, and often covered with a little muco-pus. Now, this muco-purulent secretion, when it exists in sufficient quantity, must fall or flow upon the glottis, and it cannot fail to be received there as a veritable foreign body. This, in fact, does takes place—that is to say, suddenly the glottis contracts, and from this there results a sharp hissing sound upon inspiration ; then there succeeds a spasmodic and jerking cough upon expiration, and this cough is followed by the rejection of quite a large quantity of phlegm suddenly secreted, in which the muco-purulent drop, the cause of all these symptoms, is diluted and brought away.

It now remains for us to show, by the assemblage of other characteristics of hooping cough, the truth of the symptomatology just developed.

The duration of hooping cough is usually divided into two periods,—a catarrhal period and a nervous period,—and from this very dividing line, we recognize in it a complex nature, belonging, at the same time, to catarrhal and nervous affections. The catarrhal period, in addition to the symptoms of intermittent and characteristic suffocation, is marked by general phenomena, such as restlessness, exhaustion, anorexia, painful weariness, and even sometimes fever. The nervous period, of much greater duration than the preceding, is attended only by the characteristic symptoms of suffocation, which, during this period, are both very marked and very frequent. It must be seen, that these two periods are perfectly intelligible, when considered as supra-glottic laryngitis. Indeed, in the first period, called catarrhal, there is restlessness, weariness, and fever even, because the supra-glottic laryngitis is in the acute stage. In the second period, called nervous, there are no longer general symptoms, because the inflammation has passed into the chronic stage ; and the local symptoms of characteristic suffocation are at the same time more intense and more frequent, because the secretion of muco-pus, which falls upon the glottis, is also both less viscid and more abundant.

The spasms in hooping cough are often hastened by some moral cause, such as a sudden emotion, anger, &c. This etiological circumstance, which is considered as a stamp of its nervous nature, is very readily explained by the inflammatory nature of the disease. In truth, we frequently see persons, affected by a humid rash of the face, present a sudden increase of the eruption under the influence of some sudden emotion. Why may not that which occurs in the secreting inflammation of the skin of the face, also happen in the secreting inflammation of supra-glottic laryngitis, thus provoking more readily a paroxysm of hooping cough?

Until now it has been said that the paroxysms of hooping cough are preceded by a peculiar sensation of stricture in the pharynx, or about the upper parts of the throat This premonitory symptom is very naturally explained by locating hooping cough in the supraglottic region of the larynx.

Finally, there remains the question of contagion, which is admitted in hooping cough, and which is easily understood, in accordance with the views forming the subject of this article. In fact, analogy naturally leads us to admit that the supraglottic laryngitis, which gives rise to the symptoms of hooping cough, may be contagious, just as pseudo-membranous laryngitis and stomatitis and conjunctivitis are contagious. Certain corpuscles, retained in solution, and in some degree volatile, after having been expelled by expiration, may very easily be inspired by other individuals, and in that manner be deposited upon a healthy larynx, which thus becomes inflamed by contagion.

Of Fissure of the Anus, and its Radical Cure, without a Bloody Operation. By Dr. CHAPELLE. Read before the Academy of Medicine, Paris. Translated from the *Gaz. Hebdom.* for the MONTHLY.

There is in this disease a neuralgic element which is its principal constituent. This accounts for the inefficiency of the therapeutical agents employed for the cure of the wound alone. All topical agents which do not act vigorously upon the neuralgic element, have been and cannot fail to be powerless. Among the curative means prescribed for this affection, the incision of the sphincter, used by Boyer, and, since his time, adopted by most modern surgeons, has been the most successful. This operation acts in the same manner as the division nerves in other neuralgias. Observation shows that the therapeutical result is the same whether the section is made at some distance from the muscle, or near to the fissure itself, another proof that the erosion of the mucous membrane is of but slight importance in this disease.

It was the decision as to the neuralgic character of this affection which led me to the discovery of a means for curing fissure of the anus, as simple as it is efficacious. Chloroform, dissolved in alcohol, is the means with which I have invariably succeeded.

I diminish or increase the proportion of chloroform according to the degree of sensitiveness of the patients. Ordinarily, I use the following :

℞. Chloroform - - 1 part.
Alcohol - - - 5 parts.

I proceed as follows : With the fingers of the left hand I separate the borders of the anus, then I introduce deeply into this opening a badgers hair brush, previously saturated in the chloroform solution, and then withdraw the fingers. The sphincter naturally presses upon the brush, expresses the liquid which it contains, which acts rapidly upon the contracted tissues, produces a severe and penetrating heat upon the contaminated surfaces, and particularly upon the points where the fissure exists. Soon after the abnormal contraction ceases, and the patient only feels the effect of the liquid applied.

This mode of treatment is quite inoffensive. It has no other inconvenience than the local and immediate pain which follows the application of the chloroform liquid, but this disagreeable sensation soon passes off. Fourteen cases of annal fissure are reported, in which this means was used with constant success. Of these fourteen cases, four were cured by a single application : six by two ; in three others it was necessary to have recourse to it three times ; and in one only, four applications were necessary before a cure was obtained.

Ribes' method of embalming, is to throw strong alcohol saturated with corrosive sublimate into the principal arterial trunks, to pour the same solution into the œsophagus and gastro-enteric tube, and then to place the body in distilled water and brandy saturated with corrosive sublimate.

An allegorical statue, representing pharmacy, has just been completed at Brussels, by M. Aug. Van den Kerkhoven.

REVIEWS AND BIBLIOGRAPHY.

"Nullius addictus jurare in verba magistri."

Trial of Charles B. Huntington for Forgery. Principal Defence,—Insanity. New York: John S. Voorhies, Law Bookseller and Publisher. 1857.

The good to be anticipated by this publication will be rather of a negative than positive character. We do not know that the moralist will gain by it any higher or better notions of humanity, or that the lawyer will draw from it any very valuable precedents, either of legal tactics, or judicial decisions; and we are very certain that no physician will rise from its perusal, the richer for the scientific or professional knowledge it contains.

Still we are glad the record of a trial so celebrated as this, has been perpetuated. In these latter days of evil, it may serve to show how grand proportions any given crime assumes, when false education, bad passions, and an artificial condition of society, push it onwards to a bold and unscrupulous development.

It may be of use, too, among legal reports, if it teach the lawyer no other lesson than this old and simple one—that in the unity of a defence lies much of its strength; for we see it stated, as if doubtful of its saving virtue, that the defence in this case was partly insanity, and partly something else. Now the defendant was either insane, or not; and it seems to us the moment the mind departs from the first proposition to consider other possible grounds of immunity, confidence in the strength of that proposition is weakened.

But the great negative lesson taught by the case, is to our own profession. It may be briefly stated thus:—that we be not wise above that which we do know. Implied in this lesson, as prerequisites to professional opinions, are cautious and legitimate methods of investigation, perfect familiarity with the subjects we are called to pass upon, and a mental discipline that admits no conclusion, unless founded upon a broad and comprehensive basis. It means that we should be true to science, speaking, when called to speak on scientific matters, with severe exactness to a single view for the attainment of truth, and a jealous regard for the honor of our profession.

The plea of insanity has, indeed, become an ill-favored plea. It is frowned upon by courts and ridiculed by the multitude. Oftentimes has it been, for this very reason, omitted in excuse for the acts of those really insane, and some less legitimate line of defence assumed. Oftentimes have the mercies of the Court been solely relied upon, rather than by braving a prejudice so common, to run the risk of its being considered as matter for aggravated punishment. Oftentimes has society, in its cooler and more dispassioned moments, been forced to shudder over scenes of what are termed "judicial murders," enacted under the influence of this very prejudice.

Now there is, in fact, nothing in the plea itself to occasion this. No more perfect or satisfactory answer can be made for transgression of laws human or divine, than that the individual so transgressing was insane. That sense of justice which is natural to us as human beings, acknowledges this, and hence we find the principle recognized in the practices and customs of rude and unlettered tribes, and in all the statute books of civilized people. But because of unscrupulous and cunning men wrapping so easily this cloak of misfortune about schemes and acts of villany — because of ignorance on the part of those called to distinguish the true from the false, and because of the unequal advancement of legal and psychological science, the plea of insanity rests, as it were, under a cloud of prejudice and misconception. We have often asked ourselves to whom, mostly, is this condition of things to be attributed—to the counsel who, representing to a client, or his friends, the justice and propriety of this plea, advises its adoption; or to the physician who, after a hurried and incomplete examination, sanctions it by his name and opinion. We are inclined to fasten the responsibility upon the physician. That the peculiar defence, in the present instance, was not entered upon until so endorsed, appears from the admission of the defendant's counsel, and that it is so in most cases, we are also led to believe, from the nature of the questions involved. Did medical men do their duty in this respect, there would be less discredit attached either popularly, or by the courts, to the plea of insanity, less injustice done to the really unfortunate, and fewer "flings" cast at the character of our profession.

That the medical testimony in relation to the insanity of Huntington, provoked and added to the tone of feeling we here deplore, cannot be doubted. We should be glad to feel that the consequences of it were limited to the case involved.

The name and history of Charles B. Huntington are already familiar, we imagine, to all our readers. There is little need, therefore, to speak of them minutely, and the less so, because we do not here intend to play the part of a juryman reviewer of his case. We do not care, even, for our present purpose, to deny his insanity. He may have been actually insane and irresponsible for his acts, and the verdict of the jury against him, an unjust one. We do not mean to question or consider either. But what we do question, and propose to consider, are the methods of examination, and the reasons upon which the two medical gentlemen called as experts in the case, pronounced upon his insanity. For the sake of science, and, we might say, for the security of personal liberty, to mention no other or higher grounds, it is to be hoped their course will have but few imitators, and their opinions but little weight as precedents.

The history of Huntington, to one uninformed and unsuspecting that any such secret power or morbid influence like insanity, had been writing itself out in his daily life and acts, might read something as follows : His birth place was Geneva, in this State, and if the family record could be trusted, he was born about the year 1821. The influences surrounding him in early years, both family and social, appear ostensibly to have been of a desirable kind. Notwithstanding these, we find his boyhood marked by wayward inclinations, untruthful words, and dishonest acts, in great abundance. To sum up his character at this period, we write him down "a bad boy." What private influences, antagonistic to the good ones above spoken of, may have entered into the production of this result, are not known, or if known, do not appear. This unwritten history would, we doubt not, furnish some explanation of his early proclivity to the wrong.

Leaving school at the age of sixteen, he becomes acquainted with the trade and business of his father—that of a furniture maker and dealer, and, soon after, his father's trusted assistant. A series of years pass by, in which he furnishes no remarkable items of conduct or character. We hear of him next in the city of New York, in the year 1848, engaged in a copartnership business of the same nature as that to which he was educated. After a year or two of struggling effort, it was eminently unsuccessful. We hear of him next as making his way obscurely into Wall street. Then follow six or seven years of the life of a speculator. All the ups and downs, the wild schemings, and eager scramblings after gold, that sometimes mark the career of those peopling that region, were his. Fancy stocks, fictitious banks, and at last the paper manufacturing business, or, in other words, forgery, became the prolific sources of a princely income. A dashing extravagance, expensive tastes, and careless business habits, followed almost necessarily as counterparts. His character at this period might be again summed up in a word,—he was an exceedingly "fast" man.

In October last, the secret of his Aladdin's lamp was discovered, and Wall street itself startled at the number, extent, and systematic character of his forgeries. Arrested, imprisoned, indicted, we find him in the city prison awaiting trial. He is a quiet, pleasant, gentlemanly man,—chats of the weather, the flavor of his cigars, the spots on his coat, and such like trifles,—apparently not at all concerned about his present position or prospects for the future. At the instance of his counsel, and in order to confirm or remove an idea suddenly conceived as to his insanity, he is visited by Dr. Willard Parker, Professor of Surgery, and Dr. Chandler R. Gilman, Professor of Medical Jurisprudence, Obstetrics, &c., both of the College of Physicians and Surgeons, of New York.

An hour's examination by the first, and a two hours' examination by the second, resulted in conclusions that Huntington was insane.

Two things are particularly remarkable concerning these conclusions—the one is, the rapidity with which they were arrived at: and the other, the poverty of facts on which they were founded.

Now, it is a possible thing, in certain cases, to decide immediately upon a man's insanity. A glance at one laboring under acute mania, answering fully to the graphic description of this disease, given by Pinel, might be sufficient to settle the question at once in the mind. But what we think as passing strange is, that here, in a form of mental disease confessedly obscure, by some even altogether questioned, easy of simulation, difficult of detection, an interview and examination of less than two hours, and that, too, by medical gentlemen not especially devoted to the subject or treatment of insanity, are all that is required to enable them to speak confidently of its existence.

It is not thus we hope they would diagnosticate physical disease. It is not thus, we trust, they would meet a new and alarming epidemic in our midst, of which the books said nothing and experience was at fault. No! but as devout searchers after truth, as we know them to be, how carefully and patiently would they proceed in their investigations! It is the want of this same catholic spirit of inquiry, when they come to investigate mental disease, that we deplore.

But what are the facts and reasons from which Dr. Parker made out the insanity of the accused!

These were either of a physical nature, drawn from manner, speech, habits, bodily organization; or psychical, as exhibited in the true working and general character of the mind under examination.

In regard to the first, we have it stated that Huntington was "a feeble man, and an excitable man—a man with a very fully developed nervous excitability."

The distinctive marks of this last condition are not given. Whether it be something peculiar to the nerve tissue—whether pathological, even, or in what relations it stands to a condition, exhibiting itself in an "exceedingly quiet, mild, and inoffensive" general deportment, or in a stony apathy when addressed upon the possible penal consequences of his acts (as we are told, by the witness, in almost the next sentence, was evinced by Huntington), are neither stated nor explained. But we have a certain number of symptoms detailed by the accused, such as sleeplessness, pain in the head, blacksmith's sparks issuing from the eyes,* constipation, and hemorrhoids. None of these are authenticated; but admitting them to be true, do they form a basis of physical symptoms broad or suggestive enough for a theory of mental disease? Are they not all consistent with perfect sanity and irregular habits, and is it not in this direction that their natural application should have been made? No previous attacks of diseases such as are known frequently to precede the mental condition attributed to Huntington; no change of bodily temperament or facial expression; no peculiarities of manner as might result from exaltation or depression; no acts discordant with his past or natural character were established, noticed, or, so far as appears, even looked for. "A very fully developed nervous excitability" seems to have been the sole original physical symptom observed, and how that is to be interpreted we have already seen.

But we pass to the second order of facts observed, namely, the psychical, and we find indifference as to his situation, and a want of feeling at the mention of his family, set down as things remarkable and conclusive upon the question of insanity. Now, appeals to the finer feelings of those sunk in vice, are not often met with sympathy, and a feeling of indifference as to their situation is by no means a rarity with hardened criminals.

In fact, the natural origin of insensibility is crime rather than insanity. In moral mania we might find perversions, extreme changes, violent exhibitions of feelings for or against persons or conditions, but rarely the indifference or passivity so relied upon here.

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* *Query.* Whether this is a symptom usually noticed by those who forge?

A mind in the final stages of dementia might possibly exhibit these phenomena, but we would most naturally look for them in one thoroughly demoralized by a protracted course of crime. But however this may be, we cannot understand how this cold indifference, or rather want of feeling towards his family, coincides with that deep and strong regard which is indicated in the remark he makes to the witness, that if permitted to go out, home, and wife, and children would be the first objects he would seek : and again, that he would return if such should be the request merely of his wife and children.

This shows that there was still remaining in his mind some susceptibility to family influences ; at least, it shows no morbid change in this respect.

An inattention to that first law of our nature, self-preservation, was also noticed as a remarkable feature of his mind, and leading to the conclusion of its unsoundness. In circumstances of extreme peril to life or limb, such as might surround a starving family, or overhang a doomed city, or bring out

> "The bubbling cry
> Of some strong swimmer in his agony,"

not to think, or feel, or act in obedience to that law, might argue either faculties in abeyance, or unsoundly conditioned. But who would think of strictly applying such a term as "self-preservation" to that provident care which would provision a house against the inconvenience of a tedious Winter, or guard against a commercial crash by deposits in some secure and confidential quarter, or who would argue from the absence of such a feeling in the mind that it was diseased ? Such conduct might be careless—might be "shiftless"—but who would say insane ! But the evidences of this singular want of a feeling of self-preservation on the part of Huntington, are as deficient as the feeling was assumed to be. Hear them, given by the witness upon the cross-examination.

A. I asked him what he had done with his money—if he had money laid by, and he said, "No." I asked him if he had made any provision for the future, or put by any money, and he said "No." I asked him if he had been in the habit of gambling and he said "No." I asked him if he had been in the habit of squandering his money upon lewd women, and he said "No."

Q. Did you ask him whether anything was laid by ?

A. I did. I asked him if he had made any provision for the future, and put by money.

Q. And then he said "No ?"

A. And then he said "No."

There is a naive simplicity in such a manner of interrogation that, in its light, the inference drawn from it, for instance, "want of self-preservation," seems like a concealed joke.

The reasons given for an act, frequently indicate truly its nature. A mother kills her child that it may become, she says, an angel. "I shot at the king," says Hadfield, "to purchase death at a hand other than my own." "I dare not move lest these legs of mine, which are made of glass, be broken." A young man, riding along the highway with a perfect stranger, deliberately shoots him, and to the question why he did this act, replies: "Society has deeply injured me. There were parties in a neighboring city who stole away my soul through magnetism. I had a right to kill whoever I met." "I was commanded by an angel from God to set fire to the church," said Martin, when brought before the jury for attempting to burn the cathedral of York. "It was necessary that the house of the Lord should be purified of its heresies."

In all these replies, the distorted views and perverted workings of an insane mind are shown.

In the reasons, however, given by Huntington to his medical examiner, for his acts and conduct, we see no such evidence. When he tells us that he made, i e., *forged* paper, not from any special object, but because "he liked it," and "liked a good bank account"—"that if, going along the street, he felt this impulse to make paper coming over him, he would step in any store and make it, and would do so if he had a room full of money," and that nothing under Heaven would prevent his doing it unless his right hand were cut off, and that if let go, he should do the same thing again—we see in his answers more of absurdity than insanity.

One really in the condition contended for him, might have denied the facts, prevaricated about them, speciously and ingeniously explained them upon high moral grounds, or in a dozen different ways, not one of which would have been so foolish as that here employed. He might have explained also, by reference to the law of periodicity, or otherwise, why this "desire to make paper" was felt only at intervals of thirty, sixty, ninety days or so, and in such strange correspondence with the maturity of certain other "paper." Such method in a mad desire is, to say the least, unusual.

But suspicions of the sincerity of these statements, any more than doubts as to their value as proofs of insanity seem hardly to have been entertained. Neither the circumstances attending the examination—the private manner requested for its performance—the family brief prepared for the occasion, nor the shadow of an impending trial, seem to have suggested any serious thought that the line of defence assumed by the accused was not fair, legitimate, and true. Now, the physician who, through attainments or position, is called upon in a criminal case for his opinions, gives them, not in a partisan, but in a public and broadly professional spirit. His duty to society, and the honor of his profession, should lead him to avoid not only the appearance of bias, but the possibility of imposition and, above all, of self-deception. No precautions to this end can be too rigid—no scrutiny too close.

But the question of simulation on the part of Huntington was not passed by altogether unconsidered. "I examined him with a view to it," says Dr. Parker. "I talked with him, and brought up subjects likely to affect his feelings, affections, and emotions, but there was no influence exerted upon him at all. He was quiet, and seemed to think that he had intended no wrong and therefore ought to be free of all punishment.

Q. Is not that precisely the same sort of insanity which a hardened man, after a course of crime for years, might exhibit if he was playing a part before a medical examiner?

A. A hardened villain might possibly do it, but not as *he* did it.

Q. Will you say, in your opinion, that no hardened villain could do it successfully?

A. I have never seen one who could do it successfully.

Q. I ask your opinion upon that?

A. My opinion is that it could not be done with a person accustomed to examine into these things. There would be some emotion —some manifestation exhibited.

Q. It might be very faint, but you think that it would be detected?

A. Yes, I think it would be detected.

Q. Is not simulated insanity sometimes difficult to detect?

A. Yes, but not when you follow it up. They cannot simulate changes that may occur in the countenance, as the expression of the eye, the blushing or pallidness that may overspread the face. They cannot simulate them *all*, for they increase in proportion to the particularity of the examination.

Admitting that it is sometimes difficult to detect, Dr. Parker finds no difficulty in passing upon the simulation of a form of insanity (which would be the one, if any, assumed by Huntington) most easily assumed, and for the exposure of which the keenest and most continued observation is required. His observations to this end were compressed within an hour. The comparison of the phenomena of the same mind, at different intervals of time, with each other—of action with action, manner with manner, and all with the recognized forms of insanity, whereby simulation could be alone detected, had this extent of play, no more. If this be to "*follow it up*," we do not wonder the simulation was not detected.

To illustrate the difficulty of detecting doubtful insanity, and to show that something more than mere physiognomical observations are required for the determination of questions of this sort, we are tempted here to refer to the case of Reiner Stockhausen, which of late years greatly occupied and still occupies the attention of the professional mind of Germany.

In December, 1850, Stockhausen, whose previous life had been marked by prodigality, idleness, and vice, and whose record exhibited several convictions for similar offences, was arrested upon a charge of theft. His manner, and the nature of his answers upon examination, led to the supposition that he might be simulating insanity. While awaiting trial, Dr. Böcker was called to give an opinion as to the condition of his mind, and after repeated observations pronounced him a simulant. At the assizes in June following, Dr. Hertz was called upon the same point, but gave no opinion for want of sufficient time for observation. The case was then adjourned and a third expert, Dr. Reichart was added to the commission, to report at the next assizes. In September, 1851, these gentlemen reported ; when it was found that the opinion of the first was as originally given, that of the last named directly opposed to it, and that of Hertz still doubtful. The Court now ordered Stockhausen to be placed in an Asylum, in order that a more perfect investigation might be had as to the condition of his mind, and he was accordingly placed at Seigburg, under the care of Dr. Jacobi, who in November, 1852, after nearly a year of careful examination, gave it as his final opinion, that he was simulating insanity. Upon this, he was found guilty and sent to the house of correction for fifteen years.

The three physicians first named, subsequently published a work upon this single case, in which were given the different methods of investigation pursued by each, and the reasons and arguments in support of their respective opinions.

In what strange contrast does the thorough and scientific way in which this question was considered in the case of Stockhausen, stand to the superficial treatment it received in that of Huntington. But different minds arrive at truth differently ; by some it is gained instantaneously, and as it were by violence ; by others only after long and patient effort. Different minds also require a different number of data for the formation of their opinions ; with some these must be many, with others a single fact suffices.

As the testimony of Huntington's father was not in aid, but merely confirmatory of the opinions thus formed by Dr. Parker, it is unnecessary here to consider it minutely. We remark in passing merely, that in estimating the importance of such an element as hereditary tendency in any supposed case of insanity, many things are to be considered. Each remove of the appearance of this, like any other hereditary disease, upon the line of consanguinity diminishes the value to be attached to it. Its form—the time of life when it appears—its exciting cause—together with the physical organization of the individuals in whom it has previously appeared, are all pertinent to the solution of the problem. No general rule will serve this purpose. Each individual case rests upon its own peculiarities and must be judged of by itself. We are not inclined from the vague accounts given of his family illustrations of insanity, to see through them any legitimate, hereditary title in Huntington to this disease. The fact of a paternal aunt and uncle at the advanced ages one of 75 and the other of 80 years, becoming unsound in mind, weighs little in one direction or the other. It may have been with them merely the natural decay of faculties—the dementia of old age. An explanation of the nature of their cases as well as that of the maternal uncle, how caused, or upon what grounds they are made applicable to the case in question, are neither given nor attempted.

Few who have made disease in its appearances, history, causes, transmission, and treatment, an intelligent and philosophical study, would say that because a bright and promising lad becomes through evil associates addicted to masturbation, and falls thence by slow degrees into a hopeless, starless mental darkness ; because an aged grandfather tottering on his staff, becomes a peevish, muttering, incoherent child again ; because another member of the same family on some day of exposure is stricken down by insolation, and rises from his bed of weakness, only to become thereafter a paroxysmal maniac ; that therefore such a family was affected with the taint of insanity and a strong hereditary tendency thereto, established against its remaining members or their descendants. And yet the inference drawn by Dr. W. Parker in this matter, is no more logical or scientific than such a one as we have here supposed would be.

But the opinion formed and expressed by Dr. Parker, of Huntington's mind, was not dependant upon this matter of hereditary tendency, early disease of the scalp, boyhood's history, or upon any or all of the long series of actions, hypothetically enumerated by counsel, to witness, as marking the city life of Huntington in its short, but brilliant career. "It was entirely dependant," he says, "upon his (Huntington's) statements, and my own examination into his physical condition."

Again upon his cross-examination he reiterates the same assertions, and we copy them here merely for the purpose of showing how charitably elsewhere, their nakedness has been covered.

Q. Upon what he said to you, and from what you judged from his appearance, would you pronounce him (Huntington) of unsound mind, from your examination of him and from his appearance?

A. No; not simply from his appearance.

Q. From your examination of him?

A. From my examination of him I should.

Q. Independent of everything else?

A. Independent of everything else.

Q. You would pronounce him then, of unsound mind?

A. I would pronounce him of unsound mind.

Q. Do you mean by that, that you would pronounce him to be insane.

A. I mean by that, that I should pronounce him to be insane.

Q. Do you mean entirely insane?

A. I do not know that I know what that means.

Q. I mean, not being a monomaniac?

A. I think that his insanity partakes more of monomania, than of any other form.

Q. Do you mean by that *moral insanity*?

A. Yes, I think he was morally insane.

Q. Now upon what subject is he morally insane, in your judgment?

A. He appears to have no conception that he has committed any wrong; he does not appreciate this wrong as a sound moral man or sane man would.

Q. Do you mean that he is insensible to the consequences of crime?

A. I think he is incapable of appreciating the crime of which he now stands charged.

Q. Do you think he is incapable of knowing that forgery is a crime?

A. I do not know that he is incapable. I do not say that.

Q. You say that he is incapable of appreciating the crime with which he is now charged, but that he is not incapable of knowing that forgery is a crime?

A. I think he knows that forgery is a crime, but I think he does not appreciate the bearing that that crime has upon his character.

Q. You mean then, that he does not appreciate the stigma or the disgrace of the crime?

A. I think he does not.

Q. Have you any doubt now that he knew that forgery—such a forgery as this—was a crime?

A. I have not; I think he knew it was a crime.

Q. Is it a mere insensibility to the consequences of the crime and the disgrace which it inflicts, upon which subject you say that he is insane?

A. No; it is not.

Q. What then?

A. He has a diseased organization, and consequent upon that diseased organization, he has this strong tendency to "make paper"—to raise money—and there is his monomania, and he will do the same thing again. Although he may know it is wrong, he will do it again.

Now the existence of monomania, thereby meaning a morbid perversion of one or more of the faculties of the mind, the others remaining unaffected, has long been a vexed question among psychologists. Some looking at the mind as a unit, deny that if one faculty be out of joint there can be an integral remainder, but that as in law, "falsus in uno, falsus in omnibus," so here, unsound in one respect, unsound in all. Others deny the correctness of observation, in the so-called cases of monomania, and assert that in each there is a fundamental affection of the mind displaying itself at times in general and complete disorder, but ordinarily manifesting itself partially or in a certain direction. A monomania confined strictly and exclusively to the moral or emotional part of our nature, while the intellectual part is unaffected, has never been satisfactorily determined. How can thought or other intellectual processes, which in their intensity, direction, and operations are so much affected by the emotions, escape participating in an unsound and disordered action of the latter? Hence in any case characterized chiefly by derangement of the moral faculties, we should naturally look to find the intellectual also involved, and hence it is that in nearly all the cases referred to, as illustrating homicidal mania, we find exhibited in the first instance, or eventually, intellectual aberration also. In some it may not be obtrusive, but skilful and scientific observation detects it. But no delusions or hallucinations were noticed as characterizing Huntington's mind. His answers to the questions put to him, though oftentimes as brief as yes, or no, were so far as appeared coherent, pertinent, and expressive. There seemed to be no fascination in the subject of "making paper," that held his mind continually fluttering about it, as a candle holds a moth; there was no starting off on some wild vagary at its mention; neither was he found by his examiner intently scribbling upon suspicious foolscap, deep in the mysteries of "collaterals."

He makes a simple quiet assertion, that there is an impulse—a tendency in his mind to "make paper," so strong and persistent, that nothing could prevent him yielding to it. The assertion is believed and monomania established. But how established? Logically, of course. He had a diseased organization, ergo, he had a strong tendency to "make paper," ergo, it was monomania.

But how was the diseased organization established? We have already shown how slight were the reasons for this premise, and how almost wholly they were builded on the statements of Huntington. But how was the existence of this tendency to "make paper" established! Not by any acts, but wholly by the statements and assertions of Huntington, and these listened to for less than an hour. It was then upon statements and assertions of Huntington himself, that the establishment of his monomonia finally rested. We have here arrived at a singular pass. We have not only monomania, which as we have already said, was a mental affection of doubtful existence, but monomania running in an entirely novel direction—a monomania which can only exist among civilized people and in a commercial age—a monomania as yet with no very definite "local habitation," and entirely without a name. We have the certainty of its existence, too, dependent entirely upon the statements of the individual in which it appears, and upon an examination of that individual by a professional expert during the space of an hour. We do not think that ridicule is a proper test for truth, and though observing here and elsewhere, as when speaking of a diseased physical organization that would lead a man to get up fictitious banks and spurious notes, and forged securities, &c., &c., fair opportunities for the use of such a weapon, yet we prefer simply to characterize the professional opinions of Dr. Parker upon this trial, as formed on no sufficient basis of facts, as unscientific, and therefore of little value. In saying this we do not wish to treat them either with injustice or disrespect. We would praise them but for the reasons we have given. As it is we can only say of them, what is often mentioned as a redeeming trait of those in humble circumstances of life, "that though poor they're honest."

In examining the testimony of Dr. Gilman, one is strongly impressed with the indefiniteness of his views relative to insanity. There is evidently a manifest avoidance of its divisions, even where these are essential to the elucidation of the subject, and a disposition to generalize instead of confining himself to the facts of the case under investigation. Thus the whole field of insanity is left open, and any symptom not properly belonging to one division may be readily referred to another. We are not aware that any writer on this subject has neglected to adopt a classification of forms, each of which determined by a certain group of symptoms, as in mania, melancholia, &c., conveys at once to those conversant with the subject, a good idea of the particular condition. These divisions are natural, and even the type of the morbid condition exists in a physiological state. One variety may merge into another, rendering the diagnosis during the transition extremely difficult ; but this, by no means, lessens the importance of divisions which contribute so much to a comprehensive knowledge of insanity. Ray remarks : "The deplorable consequences of knowing but one kind of insanity, and of erecting that into a standard whereby every other is to be compared and tested are too common in the records of criminal jurisprudence, and it is time that it were well understood that the philosophy of such a method is no better than would be that of the physician who should recognize no diseases of the stomach for instance, but such as proceed from inflammation, and reject all others as anomalous and unworthy of attention."

When the condition of mind is questioned, a vague idea on the part of the medical expert is insufficient, and the use of the term "general insanity" is considered as indefinite as would be the application of "disease" to a morbid physical state. Medical testimony is of but little value unless some marked analogy be shown between the particular case and a recognized form of insanity. Damerow, Ideler, Jacobi, and many others, adopt the method of exclusion in determining the mental state, viz : by comparing the general mental aspect with the well-known forms of insanity, which latter are successively rejected when a proper correspondence is not found.

Dr. Gilman in characterizing Huntington's condition uses in his testimony the following expressions : "I do not know that I can give it any name other than that it was insanity or unsoundness." "I think this man is generally insane." "I do not believe in a man being partially insane." "I suppose that Huntington has that mixture of moral and intellectual insanity which is very common." He discards the idea of delusions or hallucinations having exerted any influence on the conduct of Huntington, and states that they are "entirely out of the question in this moral insanity." This statement is not in consonance with his emphatic declaration that there was intellectual insanity ; for if the latter existed, how could it be determined but by these "mental aberrations." To show that his views are not generally entertained, the following quotation is given from Ray's

Medical Jurisprudence. "Intellectual mania *is characterized* by certain hallucinations or delusions in which the patient is impressed with the reality of facts or events that have never occurred, and acts more or less in accordance with such belief, or having adopted some notion not altogether unfounded, carries it to an extravagant and absurd extent. It may be *general,* involving all or most of the operations of the understanding ; or *partial,* being confined to a particular idea or train of ideas." In fact we are not aware that any difference of opinion exists among medical writers as to these characteristics of intellectual disease. Now, if as stated by Dr. Gilman, there were no delusions or hallucinations, the intellect could not have been involved so deeply as he represents.

Again, if there were no delusions or hallucinations, but merely perversions of the natural feelings, affections, inclinations, temper, habits, &c., how could the existence of insanity have been determined in an examination of less than two hours? He had no previous acquaintance with the examined, no facts to compare with his present condition, no means of determining as to a change having occurred in his moral qualities—all of which are essential to a correct diagnosis. Moreover, a propensity to make false representations being usual in moral insanity, it is surprising that the Doctor should have received so implicitly the statements of one whom he believed affected with this disease.

To prove that this is fairly represented, the following questions and answers are given :

Q. Was there anything else you noticed peculiar about him ?
A. Yes ; I mentioned that he was utterly deluded in reference to his position. He could not appreciate it.
Q. Why do you think so ? Because he said so ?
A. I know nothing but what I saw of him.
Q. He did not seem to be aware of the danger in which he stood ? You based that idea on what he said ?
A. Yes ; and on my cross-examination of him.

The Doctor testifies distinctly that the answers of Huntington were never incoherent, which fact determines the mind not to have been enfeebled as in dementia. From the statement that Huntington had an irresistible impulse to commit crime, the inference would be drawn that the insanity should be classed under the head of partial moral mania. Dr. Gilman, however, does not admit a partial form of insanity ; nor is there any direct proof in his testimony of such an impulse aside from the assertion.

Let us examine in detail the reasons assigned for the conclusion that Huntington was insane, for which purpose we state those that are dominant in the direct testimony.

1st. "The point that struck me most strongly in reference to this man was, in the first place, his utter impassivity."

This condition, although real in dementia and apparent in melancholia, rarely exists in moral insanity—the exception being only where depression follows exaltation of intellect. But it is conclusively shown, both from his confidence of escape and his general conduct, that there was no depression of mind. In almost every case of moral insanity excitability and irascibility constitute a prominent feature. The fallacy of this reason is also evident from the cases reported in "A Medico-Legal Examination of the case of Charles B. Huntington, with Remarks on Moral Insanity and of the Legal Test of Insanity. By Chandler R. Gilman, M.D." In this excellent selection of twenty-three cases, a skeptic might be readily excused for not discovering the least resemblance between any one of them and the facts presented in the medical testimony in the case of Huntington.

2d. "He was perfectly confident of his escape from this charge—perfectly sure that he would escape."

In intellectual mania this idea is not uncommon—the individual imagining that he is governed by some "higher law," or possesses some power within himself which prevents others from controlling him. It occasionally exists in moral mania, but has no necessary connection with the disease. To attribute this confidence of escape to his impunity from punishment, seems more reasonable than to any form of insanity.

3d. "It seems impossible to excite this man's natural feelings."

This condition, generally found in moral mania, is by no means confined to it, as the proper sense of relative duty may be perverted without the existence of insanity. It is surprising that Dr. Gilman believed in his ability to decide as to the internal feelings produced on Huntington by reference to his family. A gentleman with a Wall street training, could certainly repress for the moment any visible manifestation of emotion. Besides, there is a discrepancy on this point with the testimony of Dr. Parker, in which it appears that Huntington would return to prison if requested by his wife and children—a fact which clearly shows their influence.

4th. "Then, as to his moral sense, there does not appear to be any of it."

This accords nearly with its actual state in moral insanity; but unfortunately it cannot be considered a test—the conscience being equally distorted in moral depravity.

We cannot conceive how, that in an examination so short, the secret recesses of the heart could have been so thoroughly explored. The incredulous might believe that "moral sense" had been used like "general insanity," without any definite meaning. In connection with this we would refer to the frequent allusion to Huntington's "diseased brain," or to the "physical change in the brain."

It is an essential element of insanity that the brain should be in a morbid condition; but that this should have been ascertained from the symptoms enumerated in this case, certainly evidences wonderful acumen. The usual symptoms of a diseased brain not having been specified, the only rational supposition is that the fact was determined through the medium of an *oculus medicus* by some intuitive process of mind.

The above are the principle reasons given in the direct testimony for believing Huntington insane; but in the cross-examination, Dr. Gilman describes the particular affection of the intellect.

Q. In what respect is the intellectual insanity exhibited?

A. I think in his conduct generally. In the first place, he was excessively careless in the use of money—he squandered his money. Then he was utterly improvident both as to money and as to providing for his personal safety. Then he was entirely reckless in the way of committing those forgeries. All these things look to intellectual insanity, and, taken together, I think they exist in a degree which is inconsistent with intellectual soundness.

These attributes indicate an affection of the moral rather than of the intellectual faculties of the mind. Intellectual mania may be inferred from conduct, but only where this is the result of delusion. It has been previously stated that no delusion influenced Huntington's course of action, which clearly shows that no actual disease of the intellect existed. General recklessness with regard to money, personal safety, and forgery, is not incompatible with moral turpitude.

It is, in fact, rarely the case that depravity of the human heart extends in but a single direction. One who obtains money in a criminal manner generally squanders it heedlessly, and a long successful career renders him careless, both as to the means employed of obtaining it and to the personal results which may follow. That delicate moral sense which determines right from wrong is blunted; the compunctions of conscience are lessened, and his acts become precisely like those of Huntington, as described by Dr. Gilman. "He talked of the affair as a man would of *usury*, who knew it was wrong, but took it.

Now taking collectively the facts given in the testimony of Drs. Parker and Gilman, and these alone,—since for the purposes of this review, as already stated, we do not care even to deny his insanity, can the conclusion be logically deduced that Huntington was insane.

From these it appears that his reflective faculties were developed; consequently there could have been neither idiocy or imbecility; there was no incoherence to characterize dementia, no delusion or hallucination—the characteristics of general and partial intellectual mania,—and no marked change in his affective faculties, nor even anything which would differ essentially from depravity as in general or partial moral mania.

The little "post partum" tract which follows the report of this trial, and the title of which we have already given, neither by any originality of views, nor force of argument, invites or requires, what indeed our limits would scarcely permit, any extended notice. With a brief examination, therefore, of its character, we put it, as is usually done with such things, out of sight.

Were it not distinctly stated that the object of this production was the dissemination in the popular mind of correct and scientific knowledge upon the subject of moral insanity, one might infer that it was intended for charitable purposes; and that the generosity. with which we here find given the considerations upon which were based the medical opinions of Huntington's insanity, was displayed as a kind of relief to the air of poverty which marked their first expression.

With a view then to the object proposed, and in reply to the question "what is moral insanity?" the author says, "I condense the definition of Prichard: 'a perversion of the feelings, temper, and moral dispositions, or impulses, without any perceptible aberration of the intellect, or any insane hallucinations or delusions.'" Now by this condensation, the very life of the definition has been pressed out of it. The morbid character of the perversion—the element of disease by which irresponsibility is measured,—is omitted. Hence the definition as here stated, would make every departure from truth, every feeling of hate, every exhibition of anger, every deviation from the rule of right, a proof or an instance of moral insanity. The disease would not only be universal, but hereditary, too, throughout the land. But we are assured the object of this tract is to disseminate correct doctrines on this subject, and it is commended by the author "to all who desire accurately to know the ascertained facts on the obscure but most important subject of moral insanity."

We have no especial criticisms to make in regard to the cases we here find adduced in proof of the existence of a substantive disease, defined by Prichard as moral insanity. With some exceptions they seem to be a good selection of cases of partial moral mania, illustrating that division known as homicidal mania. We apprehend, however, that the great difficulty of those reading them will be, not whether they establish the existence of the abstract of such a disease as moral insanity, but to ascertain what relationship they bear to this particular case of Huntington. There is a wide gap left open here, nor does the author of this pamphlet fling over it any bridge of substantial facts.

With many of the strictures contained in this tract, upon making "the knowledge of right and wrong" a legal test of insanity, we express our hearty concurrence. It is a test impracticable in its nature, and oftentimes productive in its operation of extreme injustice. But while recognizing and regretting this deficiency, we would not deal harshly in our censure concerning it. Is it to be greatly wondered at that Law, in her advance in the field of insanity, should move slowly, cautiously, and hesitatingly, when the interests of society, involved by each step, are so momentous, the ground she treads on so uncertain, and the light which reaches her from science is so often, as we have found it in the pages of this trial, flashy and unreliable? L. R. L.

HOSPITAL REPORTS AND CORRESPONDENCE.

Bellevue Hospital.

The improvements which the enlarged and expansive policy of the Board of Governors, urged on by the Medical Board, has effected, in this institution, within a twelvemonth, are such as must afford complete satisfaction to even its most ardent friends. The new wing, in which all the female patients (save those awaiting confinement) are now lodged, numbering 300 beds, is a building which for commodiousness, convenience, and adaptability to its purpose, it would be difficult to find surpassed in hospital architecture. Its wards are spacious, with lofty ceilings, long cheerful windows opening to the floor, letting in a flood of light, and securing ventilation independently of the shafts erected for that purpose, and running up the inside walls to air chambers on the roof. They disclose, too, that admirable, enlivening river view, which serves as a relief to the tedium of convalescence. These wards are heated by steam radiators, which diffuse a genial warmth through them, and altogether they are so charmingly situated and so pleasant in their internal arrangement, that one is almost tempted to be sick, for the sake of becoming an occupant of one of them.

The interior arrangement of this building is symmetrical. The entrance door is at the middle of the inner side of the parallelogram, and from it the stairway runs directly up to the roof, with a hall through to the other side on each story. On either side of these halls, are two wards containing twenty beds each, the one beyond the other, and between them the baths, waterclosets, &c., and nurses room on opposite sides of the connecting passage. The renovated old wing is finished in the same light and airy style, with the addition of a fourth story, to place it on a level with its new rival, and will now be ready for occupation in the course of a fortnight, when all the male patients will be transferred into it, and a similar work of reform commenced on the other side. This completed, the accommodations of the Hospital will be increased from 700 beds, its present capacity,—which, by the way, is now thoroughly tested,—to 1,200. Nor will its number of beds, probably, rest long at even this high figure : for the present plan looks to the completion of the quadrangle, of which the river is the fourth side, by the erection of a South wing, corresponding to the new wing on the North side, when it will contain, at the lowest estimate, 1,500 beds.

Nor do these improvements contemplate, alone, the increased capacity for, and comfort of patients. The central building, also, is to have an additional story, the whole of which will be devoted to an operating theatre, and surmounted by a fine crystal dome, which, while it will afford ample light for operators, will make the edifice in appearance, as it is in reality, the queen of American hospitals.

This theatre will probably seat comfortably 400 spectators ; and will be a vast improvement on the dark, narrow, dingy, ill-contrived old box, with its long funnel-shaped skylight (so named, doubtless, on the "*lucus a non lucendo*" principle), carefully tinned over on top, in such a manner as to entirely exclude all the vertical rays of light. But dark, and narrow, and awkward as it is, the old theatre has seen good service, in the cause of surgical education, and never better than during the past months of the present lecture season. Beside all the ordinary amputations, including Chopart's and

Symes' operations on the feet, and most of the operations in minor surgery, the external iliac and both carotids have been tied,—the operations for ununited fracture, exsection of the lower jaw, trephining, and strangulated inguinal hernia, with many others not less important, have been performed before overflowing classes. Dr. James R. Wood has, as usual, been particularly active in bringing cases of interest, whether demanding operation or not, before the class. The peculiar feature of his lecturing is its eminently practical tendency, and the brief, sententious way in which his opinions are expressed. His sentences bristle all over with facts, sticking out in every direction, like the quills of a porcupine, and, like them, they are not always erected purely in the defensive.

His operations are of unusual benefit to the student, from the ready facility and care with which he accurately, though concisely, describes each separate step, as he goes along, no stroke of the knife being given which is not accounted for, thus placing the spectator completely in possession of the modus operandi in its details. This art, which was possessed in perfection by that most polished and fascinating lecturer and able surgeon, Mütter, formerly of the Jefferson School of Philadelphia, who was wont to keep more than six hundred students hanging in breathless attention on his lips, is far too much neglected by our clinical operators in this city. No one could possibly have seen, for instance, Dr. Wood's recent operation for hernia, and listened to the careful demonstration of its several stages, without feeling that he had added immensely to his stock of available knowledge on the subject, and would be very much better prepared for an emergency than before, whereas the same operation might have been performed as successfully, in shorter time, and perhaps with more showy handling, and yet nine-tenths of the class have left no wiser than when they entered. One of the principal new features of the Hospital course, this Winter, has been the weekly lectures on surgical anatomy, with demonstrations of all the operations on the cadaver, given by the same gentleman in the new Pathological theatre over the dead house. This neat, unpretending little lecture room will accommodate three hundred persons, and is to be fitted up also as a museum, which will be a valuable addition, as it has long been a desideratum, to the hospital, the opportunities for the collection of morbid specimens being certainly as great as in any similar institution in the country. On the occasion of the inauguration of this building, in October last, when addresses were made by Drs. Francis, Mott, and others of eminence, Dr. Wood announced two prizes, the one of $50, the other of $25, to be given to the students presenting the two best anatomical preparations, the preparations to be placed in the museum. A proposition from the Medical Board has recently met the approval of the Board of Governors, providing that diplomas be prepared, which shall certify to the fact of regular attendance on a full hospital course, the proceeds to be devoted to the maintainance of the museum. These will shortly be ready, upwards of one hundred names having already been registered as applicants for them. At a recent meeting of the class, complimentary resolutions were unanimously passed, thanking Dr. Wood for his disinterested efforts and untiring energy in behalf of the advancement of the students interests, and of medical education generally.

There is now in the wards the usual large amount of phthisis, which might well be dispensed with in favor of the new Hospital now contemplated for that disease, as it both contaminates the atmosphere and uses rooms which might be better employed. A more interesting class of cases are those of acute rheumatism, which, on the female medical side, have been successfully treated during the past month, on a plan of Dr. Barker's, the visiting physician, of which the following case will afford an example:

Case.—Marian Henrotte, single, aged 25, native of France, seamstress, admitted Jan. 29th, 1857, was taken ill on Monday, the 26th, with rigors, fever, and general pains, and by the next morning all the articulations of the lower extremities were affected with rheumatic inflammation. She had had two previous attacks of the disease, one of which was very tedious. Immediately upon admission, she was put upon the Rochelle Salts and Wine of Colchicum, and followed this treatment for four days, when it was suspended, for the following, recommended by Dr. Barker:

R. Ext. Colchici Acet.
Pulv. Ipecac.
Pulv. Aloës Socot.
Calomelanos - - aa gr. x.
Div. in pil. No. 10.

S. One every three hours until excessive catharsis or emesis is produced.

This was accomplished, in her case, by eight pills. She was then put upon the "Diuretic Salt," ʒss four times daily. By the end of the second day, the joints were very much relieved, but those of the upper extremities began to be affected, and for two days more were excessively painful and much inflamed ;—rapid amendment then began to take place, so that by the end of another two days, all pain and swelling had disappeared, and she was discharged on the 10th, perfectly cured, without even a slight rigidity of the joints. The cure was effected in six days from the commencement of the treatment. ☞

[From Our Own Correspondent.]

VIENNA, January 20, 1857.

To the Editors of the American Medical Monthly :—

I find myself again among old friends, well known abroad,—authorities on various subjects, whose opinions are so reliable that their endorsement is necessary before our transatlantic friends dare to consider discoveries and truths as such. It is strange that after a period of eight years, I should find all faces unchanged, and as to their expression quite the same.

You may still observe Rokitansky searching among the dead with his wonted countenance,—showing the silent but nevertheless deep thinker,—in order to confirm long established truths, discovered and repeatedly tested, silent as he is, by himself. One has to catch the words which apparently fall by chance from his lips, yet however rare they may be, it well repays the trouble, for every word he utters, though it gives but a hint as to the morbid appearance, is sufficiently instructive to reward one for attentively watching for his remarks.

Intently looking through his eye-glass, both hands kept in his pockets, he now and then raises the one to point to a morbid condition, overlooked or not sufficiently considered, lifting at the same time his head turned towards the student, a smile on his lips serving as words—for to speak is too much trouble to one who, like Rokitansky, is busy thinking ahead. Now and then a remark for further explanation is all that joins the smile, and still it is sufficient to explain what may and might be seen. What else should he do ? On the positive field of activity he moves, stories are not needed to fill up the time and amuse the serious student.

The wards I often visited eight years ago, I strolled through once more. It is a division under Prof. Sigmund's direction. This man alters neither in manner nor in speech. Courteous in both, he is loud in voice to pupil and patient, of course in order to be well understood, for students and doctors, coming from all parts of the world, need a clear and distinct explanation, given as it is in the German language, not well understood by foreigners. You may hear quite as often English or French remarks made for the benefit of those who know neither German nor Latin, which latter, being an Hungarian, he speaks by predilection.

Seated on a low window, Prof. Sigmund is surrounded by native and foreign students and physicians, some of whom are eagerly glancing at the voluptuous forms of the half naked women, introduced by the nurse, one by one, out of the soldier-like formed line, who mentions the name of the patient and the number of her bed, while the assistant surgeon (Secundarius) proclaims the diagnosis and treatment adopted. The patients, most of whom are emaciated and haggard, yet now and then well fed (if long inmates of the hospital), of all ages from 14 to 60 and upwards, approach with spoon in hand, half naked, shirt and jacket being turned down, each one performing three well drilled movements.

1st. Appearing in front with head erect.

2d. Turning around and showing on her neck and back the different erythemata, pustulæ, papulæ, or any form you choose, of the various syphylides.

3d. Turning again in front and opening the mouth for inspection, reaching forward at the same time the spoon for depressing the tongue to the Professor. I must confess the spatula of Dr. Horace Green is better calculated for such a purpose, and I have suggested the idea of giving to the upper end of the spoon of these patients the shape of Green's spatula.

Thus drilled the patients appear daily from 100 to 200 in number. They are supposed to talk German, but a polyglotist has great difficulty in making it out or in finding any similarity to any language, for one talks German which sounds like Bohemian, and another talks Bohemian with such a German accent that it sounds neither German nor Bohemian, so that German and Bohemian students look at each other inquiringly ; Professor, nurse, and student, are left to guesswork, luckily helped along by the loudly speaking syphilitic forms, well marked, and telling.

In front of the window is a stand about five feet high, ascended on its side by a ladder, which serves as a bed to the female patient, who reclines on it so as to be fully exposed while being examined, without giving the trouble of stooping, or the inconvenience of remaining in that position, an improvement well worth imitating, for the parts being almost in a direct line with the eye of the spectator, the latter does not become fatigued, for the reason that he can stand erect all the time.

The applications of caustic, or, as frequently used here, of arsenic solutions, are made by the secundarius, and the inunctions with mercurial ointments, according to Sigmund's most recent practice, are made by the nurses, and not left to the patients. The patient kept on the stand is laid comfortably, and exhibits without fatigue as long as needed. The French mode of examining by means of a sheet, is not used in this ward, for the simple reason that the exhibitors would sooner blush when covered by a white cloth than they would without it, coming as they do from various quarters, none so pure as to need a veil.

Sigmund's contributions to syphilidology are well worth being studied, and I shall take another opportunity of speaking of his treatise on Radesyge,* for the purpose of examining which disease he intends to travel into Spain, having already confronted it, and shown its similarity in various distant countries, although appearing under the most different names. Not less interesting is his contribution on "Sleeplessness in Chronic Syphilis," periodically returning at certain hours, which he made to the *Œsterreichische Zeitschrift, für Practische Heilkunde*, published by the Doctors College of the Medical Faculty in Vienna, edited by Dr. J. Knolz, and assisted by Dr. G. Preyss, an eminent man in many respects, who has the care and entire management of it. The journal, although now only three years old, ranks among the first in the country, having original communications of great interest from the highest authorities. Its last volume, consisting of 52 numbers (one appearing every week), contains, among other articles by my friend Dr. C. Braun, Professor of Obstetrics, formerly of Trent, now of Vienna, a valuable article on the "Contraction or Motility of the Uterus, produced by Carbonic Acid Gas." Professor Dietl, of Cracow, added through its columns to the etiology of Diabetes Mellitus. Haller, of Vienna, published in this journal his observations on the *Typhus Laryngo-Ulcer.* Heyfelder, Nusser, and Pabrubein, each of them, as well as Professors Dumreicher and Schuh, have contributed highly scientific articles, which richly deserve translation. Dr. Preyss himself, besides editing the journal, has contributed largely, not only reviewing in a just and scientific way literary works, but also by reporting the transactions of societies. In short, the *Œsterreichische Zeitschrift* is a rising and promising journal, ably conducted by its highly educated coëditor, who spares no trouble nor expense in placing it upon an equal footing with the *Medical Zeitschrift.*

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* This is a name given in Norway to a disease analogous to the Yaws. It is by some reckoned as a variety of lepra.—EDS.

On my proposed return home (to America), I passed last December in Dresden and Leipsic, thence going to Berlin. I spent a pleasant morning at Ruete's clinique for diseases of the eye, in Leipsic. My courteous friend Coccius (who by the way promised me contributions for the AMERICAN MEDICAL MONTHLY) gave me the opportunity of visiting the Institution for the relief of the Blind, erected in a fine neighborhood, enjoying fresh air, and light, and situated almost in the midst of a garden, created many years ago through the influence and care of Professor Ritterich, who, strange to say, though old, pays a just tribute to new inventions, and warmly applauds the results gained by means of the eye speculum. No prejudice whatsoever keeps him from examining, pondering, and judging for himself. The gray Professor, affable and kind in his manner and conversation, is still seated over the folio volumes, although his sight is comparatively unequal to the work his mind intends to carry out. Professor Ritterich has contributed much to German ophthalmic surgery, and was an excellent operator.

The editor of *Schmidt's Jahrbücher* I found in the fourth story. Prof. Richter is a tall, thin, slender man, who talks obligingly. Arrived at his door after a laborious ascension, I said to Coccius who accompanied me, that he might get spiritual contributions if he needed any, at first hand, being so near the sky, but luckily he makes compilations only, and uses the spirit of others.

The last visit, as usual, I paid to the post office, and finding there letters from relatives and friends begging me to return, it needed only my mother's, received at the same time, desiring me in a few words to come back again, to make me so completely *homesick*, that I returned immediately, and now find myself settled in Vienna.

To my numerous personal and professional transatlantic friends, I take this means of saying "Good Bye," and of assuring them of my regards for their kind consideration towards me during my residence in America. As a representative of the American Medical Association at the Congress of Physicians and Naturalists in Vienna, I will send in my report at the proper occasion. As a member of the various medical and literary societies in New York, as well as in

America in general, I beg leave to state that I shall always be happy to act, if needed, in their interest, upon receiving instructions for so doing.

My personal and literary connection with you, the remembrance of which will always be dear to me, shall be unchanged, though at a distance.

I remain near "my sweet home," yet with the highest consideration and regard for you. Yours truly,

ISIDOR GLÜCK, M.D.

EDITORIAL AND MISCELLANEOUS.

— The Annual Meeting of the State Medical Society was held at Albany from the 3d to the 5th of February. In addition to the usual interest of these meetings, the fact of its being the first semi-centennial anniversary of the Society, added to its attractions. The attendance was considerably larger than usual. The President, Dr. Alden March, of Albany, conducted the business with such quiet dignity and wisdom, that the entanglements too common in such assemblages, were entirely avoided. We have attended the meetings of various medical societies, and have rarely, if ever, seen so little time wasted in the discussion of points of order and of constitutional questions,—matters which are especially apt to produce confusion, and fritter away the time due to other subjects.

The scientific papers read were in abundance, and were creditable to the Society. It was notable that although so many were prepared by different members, without appointment or consultation with others, no two were upon the same subject. As notable was the constant courtesy which marked the presentation of the papers, the impartial decisions of the Chair being at once yielded to without a murmur. We have seen it otherwise in similar societies.

Dr. March delivered his inaugural on Tuesday morning. It was a practical and sensible, though brief paper. On Wedesnday evening, Dr. March delivered the usual formal oration which is required of the President. The 50th anniversary led him to recall the events of the half century, not confining himself to the medical events, but to those of a more general character. After the address, the members of the Society adjourned to the Delavan House, where they sat down to a handsome supper, enlivened with speeches, wit, and humor. The annual election was on Thursday, and the adjournment took place about noon, the meeting having been very satisfactory.

The following are the officers elected for the next year :—

President—Dr. Augustus Willard, of Chenango County.
Vice President—Dr. T. C. Brinsmade, of Rensselaer County.
Secretary—Dr. Sylvester Willard, of Albany County.
Treasurer—Dr. J. V. P. Quackenbush, of Albany County.

— Orthopædic surgery, embracing, as this title does, the care of all deformities, is a branch of the profession which it is particularly desirable to commit to the care of specialists. The treatment is chiefly mechanical, and to be successful requires a constant oversight of the various mechanical contrivances used to effect various purposes. A cardinal principle to be acted on in arranging the apparatus, is to make it such that it shall not interfere with the nutrition and growth of the individual. Surgeons are apt to forget one or another necessity, and are thus often unsuccessful. Thus, to treat Potts disease, one surgeon says if you would avoid deformity, the patient must be kept constantly lying in such a position that the bones will not fall together, and thus make a bad curvature. And the patient's health suffers from the confinement, if, indeed, it be not entirely destroyed. Another, seeing the necessity of fresh air and good diet, with exercise and tonics, advises the use of these, and to let the deformity which ensues care for itself. So it is with lateral curvatures, with hip disease, club foot, and many other such misfortunes. We believe, therefore, that we are doing a kindness to our readers, by calling their attention to a gentleman whose devotion to this speciality is complete,—whose treatment of derangement of the osseous and muscular tissues is thoroughly systematized and equally scientific, and whose contrivances are based on sound principles, and arranged with great mechanical ingenuity. We allude to Dr. H. G. Davis, of this city. His use of elastic bands is far preferable to the stiff, unyielding, and awkward iron apparatus, so far as appearance is concerned, and as a remedial agent, much superior. So fully have we been convinced of this, that we have not hesitated to place patients under his care, and have been quite satisfied with the success of the treatment. The cases are still in progress, but are improving faster than we have ever seen similar ones, under other treatment. One, a case of hip disease, especially pleases us so far, for the apparatus succeeds in reconciling two apparently incompatible things,—the preservation of extension, at the same time that the patient is permitted to walk about. Another, with Potts disease, is rapidly improving, the apparatus sustaining the body admirably and with perfect ease, and allowing the child to run about. Cases of club foot and of lateral curvature, we have seen, are doing well, one of the latter being remedied in a remarkably short time. The mechanical appliances are intended to be arranged so as to assist the muscles which require help, but not entirely to supplant them,—and in this they succeed. The muscles become developed gradually, until they are able to perform their natural functions, as was strikingly shown in a club foot case. Another peculiarity interested us in the treatment of Potts disease. The weight of the column above the disease is thrown upon the transverse processes of the diseased vertebræ, which are usually healthy, even though the body has almost entirely disappeared. On them it is supported, while the diseased surfaces, being kept separate, cease to irritate each other, and the place of the bone, which has been removed, is soon filled by a new deposit, which, becoming firm, supplies the place of the original tissue, and the patient recovers without the hunchback deformity. So in hip disease, it is an item of importance to keep the surfaces apart, as Dr. Davis' apparatus does, and to prevent the irritation produced by constant friction, and at the same time to allow the patient to run about. We know some physicians appear to prefer to keep their patients suffering in their own hands rather than be cured by another ; but as none of our readers are of this class, they will be glad to know how to dispose of these troublesome and unsatisfactory cases.

— Our readers will remember the article on the treatment of abortion, by Dr. H. G. Carey, of Ohio, which we published in January. The author describes in that an instrument for separating the placenta, even when the mouth of the uterus is but slightly opened. As the proposition is, in some respects, novel, and two witnesses are better than one, in every matter, we give the following extract from a letter just received. It also shows the benefit one may derive from taking the MONTHLY. But this is the extract :

" Dr. G. and myself were yesterday called to take charge of a lady who had been under homœopathic treatment for ten weeks for flowing, which followed a miscarriage of a three or four months fœtus. Our diagnosis was that the placenta was retained in utero, and must be removed at once. How to do it was the next question, as the *os* was quite naturally contracted. We both thought of the article in the January number of your magazine, and I went to an ingenious mechanic and succeeded in getting an instrument (somewhat rude), with which I performed the operation, much to our own gratification, and, we hope, the safety of the patient. I thought you would be pleased to hear of the case, the point of interest being the ease with which the source of hæmorrhage could be removed with such an instrument as was described, even after so long a time had elapsed since the miscarriage, and when it would seem impossible to remove it with a placental hook, on account of its perfect organization and attachment to the uterus."

— At the last meeting of the Academy of Medicine, the officers for the present year, elected in January, were inaugurated. Dr. Parker, in yielding the Chair, paid a graceful tribute to the distinguished merit of the present President, who, for the second time in the history of this Society, has been called to preside over its deliberations. Dr. Mott, in taking the Chair, congratulated the Academy upon its prosperity, and promised his exertions to continue its usefulness and to increase its prosperity. With a brief allusion to some differences in the past, he expressed his pride in the successful career of the Academy, which he looked upon with peculiar interest, from being one of its original founders. Thus, then, another year was commenced, and as an earnest of its character, Dr. Isaacs read a valuable and highly scientific paper upon the malphigian bodies, this paper being a continuation of a former contribution to the anatomy of the kidneys, which he communicated some time since to the Academy.

—Winter is the time to appeal to the sympathies of the rich in behalf of the suffering and homeless. We have never been more thoroughly convinced of the big heart which beats responsive to all such calls in the midst of this metropolis, than during the present season. We know that the pulse which throbs through this great city is always full, that it is sympathetic to a fault. We know that, like every generous heart, it can laugh and cry, feel disdainful, and be hushed in horror ; and whatever the predominant feeling may be, it enters into it with the fullest enthusiasm. We have seen the feeling of sympathy take expression in sending material relief to the suffering, both at home and abroad ; ships laden with the necessaries of life to the stranger—money, in tens of thousands, to our pestilence-stricken sister cities. New York is charitable ! New York is generous ! and in her generosity and charity she is truly imperial. The shores of her noble bay extend like arms to embrace the returned wanderer, or welcome the coming emigrant. Be he rich or poor, alike welcome. If to add to the wealth and prosperity of the country, the ways of transport take him up, and carry him cheerfully and quickly to his place of destination. If needy or sick, homeless or friendless, the hand of charity points to those splendid public institutions, at once the glory and pride of New York, where he can find a safe asylum, and a cure.

These institutions are striking in their size and architectural magnificence, and alone constitute a claim to nobleness of purpose. But with all their real and apparent greatness, they hardly equal in extent or usefulness the many private charities, which contribute so much by their active aid to the welfare of our poorer citizens. A history of the private charities of New York would be exceedingly interesting, but we cannot enter upon so extensive a subject in our pages. They are constantly increasing as new requirements spring up, and citizens are readily found for the emergency, to lend aid and influence to the new cause. None, however, have a better claim to the liberality of our hearts than defenceless children, and those unfortunate women for whom the Woman's Hospital was instituted. And these are provided for. For some time there has been an institution for the care of children, known as the New York Nursery, supported by private contributions, and under the patronage and control of a board of Directors, composed entirely of females. It has grown under their superintendence, until its area of usefulness requires larger outlays, and a more expansive organization. During the present Winter a bill has been introduced into our State Legislature, to change its name to that of the "New York Nursery and Child's Hospital," and provides that it shall have the usual powers delegated to such institutions. The other charity, the Woman's Hospital, is well known, and is already organized, but depends as yet upon private charities, its Board of Directors also being from among our noble benevolent women. They want funds, and, full of devices, a ball is improvised which shall, at the same time, give amusement to the donors and replenish the exhausted treasuries. So these two institutions combine ; and generous New York, with all its fashion, its round of gaiety, its devotion to commerce, and the pursuit of wealth, stops to dance and be merry for the benefit of these defenceless children, and these poor women. Thus the impulses of New York are turned in a right channel, and from the love of gaiety springs a source of genial charity. New York dances, and a Child's Hospital is supported ; New York waltzes, and a Woman's Hospital is aided ; New York amuses itself and $9,000 results for benevolent purposes. Again, a wealthy citizen opens the doors of his princely mansion: the weather is bitter cold, yet the gay and the good come crowding in carriage and on foot, to lounge a few hours through the gilded saloons, to hear the tuneful voices of amateur singers, and to pour their dollars into the lap of charity. From this new device of the managers of the "Woman's Hospital" and the "Home of the Friendless," another sum of $3,000 is raised for the benefit of these two institutions. Within a fortnight's time, $12,000 is raised for three charities, which constitute but a trifling part of the many similar institutions which necessarily arise in our midst. These results, so easily obtained and yet so striking in proportion, make us award to New York its due meed of praise—that mantle of charity which covereth a multitude of sins.

—We are inclined to think that there is, at last, something new under the sun, to wit: a graceful and public recognition of the education, tastes, and cultivation of the medical profession. That we may acknowledge it, and that it may be appreciated elsewhere, we copy from a circular distributed to the physicians of this city, and followed in due time by complimentary tickets. The italics are not ours.

"You are probably aware of the great, and, by Mr. THALBERG, unexpected success, that has attended his professional career, since his arrival in the United States; and of the signal favor, with which he has been received, particularly in New York. Every stranger, who meets with a hospitable reception in a foreign land, should make some suitable acknowledgment for the kindness thus bestowed upon him. Artists generally lend their services for some benevolent purpose. This Mr. Thalberg has partially done, and would continue to do so, did not so many difficulties present themselves, which it would take too long to enumerate. He, therefore, prefers giving Six Gratuitous Concerts to the Children of the Public Schools, one of which has already taken place, and would like to offer some pleasure to all those, who, by education, could appreciate such an entertainment, but would find his Concerts too expensive.

He has selected the Medical Profession in preference to all others. Education eminently fits them for the enjoyment of every intellectual amusement, and it may afford them a relaxation from their arduous duties.

Mr. Thalberg trusts that the invitation thus tendered to you will be received in a kindly spirit, and that he may be happy enough to cause you some slight gratification.

Many who will receive this circular may be in such a position that they could easily afford paying for their tickets. To such he tenders his excuses, *and requests them to present the Complimentary Admission, that will reach them in due time, to any of their colleagues who may have been overlooked, and with whom the expense would be an object.*"

In the name of the profession, we thank Mr. Thalberg for this unusual compliment. Its value is not in the price of the ticket, but in the spirit with which it is done, and in the delicate manner of the doing.

—A letter writer from Paris thus describes a medical notability, as he appeared at a *bal intime*, at the Palace of the Tuileries :—

"Leaning up against the door leading into the Salle de la Paix, you see a tolerably tall, straight man, with long, black hair, no beard, and a lively, animated face ; who is always showing his fine large teeth, and whose breast is covered from side to side with foreign decorations. This is Philip Ricord, the great doctor, and you would suppose from the manner in which he stands there, saluting every one that passes, that the whole assembly are, or have been his patients."

— The need for colleges of Pharmacy is well illustrated by a sad accident in Baltimore a few weeks since. A prescription was sent to a druggist, who put it up, and a dose was given to the patient (a child), and he died almost instantly. The physician being called, took the phial and hurried to the druggist, charging him with having made a mistake. This the druggist denied, and to prove it, foolishly took a dose himself, and in five minutes was dead. The physician himself, who ventured to taste it, narrowly escaped a similar fate. The mistake was in adding an acid to a solution of cyannuret of potassium, which, set free, its prussic acid.

Fumigations with Sulphur.—We know that Hippocrates could not deliver his country from the plague, till he had caused sulphur to be burned in the houses, the streets, and the public places. I am indebted to M. Benoit, engineer of mines, for the following observations : During the Autumn of the year 1854, the cholera raged with great intensity in the provinces of Seville and of Huebra, in Andalusia, without excepting the neighboring region, the mining district of the Rio-Tinto. It was observed that in all the places where they roasted the iron ore which they obtained from these mines, there has never been observed a single case of cholera. By roasting this pyrites, sulphurous acid and a little arsenious acid is set free. The confidence of the inhabitants in the salubrity of these places (thanks to the purification produced by the roasting) was such that many, in order to protect themselves the better from the scourge, roasted small piles of the pyrites in their courts.—*Dr. L. Soulier, in the Paris Medical Gazette.*

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ESSAYS, MONOGRAPHS, AND CASES

On the Use of the Iodide of Potassium in Hydrocephalus; a Report of Five Cases. *By* C. V. W. Burton, M.D., Lansingburgh, N. Y.

Of over forty cases of hydrocephalus treated by this remedy, and in the opinion of many of my medical friends, with unusual success, I present the following as being the most striking, and as possessing points of the greatest interest :—

Case I. A son of Mr. M——ll, aged fourteen months. Four days previous to my being called in to see the patient, the mother's attention was drawn to its drooping appearance and occasional starting during sleep. In the night it had a slight convulsion, but seemed better in the morning, and continued comfortable until evening, when fits of screaming came on, which the parents supposed might arise from pain in the bowels, and accordingly gave some paregoric. During the greater part of the following day it seemed more or less drowsy, which was attributed to the effects of the remedy, and in the night it had another convulsion, which lasted longer and was more severe than the former. I was called in early next morning and found the patient quite comatose. The body was rigid and much colder than natural, a clammy sweat pervaded the surface, the hands were clenched, and the pupils of the eyes largely dilated.

On interrogating the mother, I learned that the child had been more eager for its nourishment than usual for a week or more, and would not be satisfied unless suffered to remain at the breast most of the time. There was no distention of the bladder, although according to her account it had not passed urine in three days, there had been no diarrhœa, nor had it received any injury of the head.

On examining the gums I found them a little distended and at once scarified them freely, ordered the feet to be placed in warm water, frictions with turpentine along the spine, and enemeta of the same in emulsion. After repeated attempts I succeeded in getting it to swallow about three grains of calomel in a spoonful of castor oil. After waiting an hour I commenced giving a solution of the iodide of potassium in one grain doses, and continued it hourly five successive days and nights, during which time, the only perceptible change to be observed was a gradual return of flexibility to the body and an occasional movement of the lower extremities. Not the slightest evidence of vision was manifest until the fifth day of my attendance. From this time the improvement was more marked although it was very gradual. The remedy was continued at intervals of two hours for two days longer, after which once in three hours, until the quantity taken amounted to 168 grains. At this stage of the disease a vesicular eruption, not unlike varicella, appeared on the occiput, and soon spread over the whole scalp, lasting three or four days. All remedies were now discontinued, and the improvement was quite marked from day to day. It was nearly a year before the child made any attempts at walking, although it walked very well before the attack. He is now nine years old, a fine intelligent lad, in all respects perfectly well except that he has no use of his arms, while the fore-arms are perfectly under his control, playing at ball and other games with his companions as well as the best of them.

CASE II. A daughter of Mr. D——, aged three years. For a week or more previous to my being called the patient had vomited several times a day, but had not been confined to the house. The mother supposing it proceeded from a deranged state of the stomach administered some syrup of rhubarb. As no benefit was derived from the medicine and the child began to show signs of stupor she became somewhat alarmed, but deferred sending for me until the morning following. It was with the greatest difficulty that it could then be aroused. The pulse was frequent and full, the face flushed, and the head hot. Convulsive movements were frequent, while at other times the body and limbs remained quite rigid. I abstracted about ℥iv of blood which produced a decided effect, enabling it to swallow a few grains of calomel. A stimulating enema was then given, sinapisms were applied to the spine and feet, and cold water to the head. After waiting an hour I commenced the administration of the iodide of potassium in two grain doses once an hour, and this was continued until the following morning with but little if any change in the symptoms. Dr. L——, an experienced practitioner, was now called in consultation; he advised the continuance of the remedy with an occasional small dose of calomel. This course was persevered in until the next morning, when the child exhibited some signs of improvement, being enabled to move its limbs slightly. We now concluded to discontinue the mercurial and follow up the iodide, which we did for forty-eight hours longer. By this time it began to notice those who were in attendance upon it, as well as to take some nourishment and move its limbs quite naturally; the remedy was continued in one grain doses every third hour for two days longer, when it convalesced rapidly and the medicine was withdrawn entirely.

The child is now eleven years old, well developed and healthy in appearance, but has never recovered the sense of hearing, nor can she utter a syllable though she will sometimes make a noise to attract the attention of others. Before the attack she could talk very distinctly.

It is proper to state that the mother of the child has great difficulty of hearing as a sequel of scarlatina.

Case III. A son of Mr. P——, aged three and a half years. The mother of this child came to consult me about it, saying that it had been unwell for several days past, and could not retain any food; she had given it vermifuge about two weeks ago when it seemed unwell, and although no worms passed it soon got better. At this moment I received an urgent call to another case and gave the woman a dose of calomel to give the child, and told her I would visit it at my earliest convenience, which was not until the next morning, when I found the cathartic had operated; the vomiting had continued but with longer intervals. It was lying upon its side: the pupils of the eye largely dilated, pulse frequent and feeble, and a profuse perspiration bathed the whole surface; the head and limbs were drawn backwards, and with the body formed a complete semi-circle. It had not articulated through the night, but would frequently scream out so loud that it might be heard in the street, at which time the opisthotonos was greatly increased. The patient was immediately placed in a warm bath and suffered to remain about fifteen minutes, after which a cloth wet in spirits of turpentine was applied over the spine. Although the difficulty of deglutition was great, we succeeded in getting it to swallow two grains of the iodide of potassium, which was repeated at intervals of one hour until the next morning. By this time the rigidity of the body had become much less, the pulse had more character, and the vomiting had nearly ceased. The same treatment was persevered in the succeeding forty-eight hours, with the addition of an enema of turpentine. The improvement now became quite manifest to all ; vision and hearing was gradually restored : it was also enabled to articulate short words. The treatment was continued two days longer, when all remedies were withdrawn and the case was left to the efforts of nature.

At the present time he is ten years of age, and in all respects a healthy lad, with the same loss of power over the superior extremities as in CASE I.

CASE IV. On the 9th of February, 1852, I was summoned in haste to see a child of Mr. B——, aged two and a half years. From the mother, who is an intelligent English woman, I learned that the child had been quite ill six or seven days, during which time it had several convulsions, for the relief of which they had resorted to warm baths and the administration of salt and water, as they supposed them to be occasioned by worms.

It was in the bath when I arrived and very much convulsed. I allowed it to remain until an enema of turpentine had been prepared, —it was given and repeated before any effect was produced. The convulsions soon ceased, the discharge from the bowels was small and exceedingly offensive ; after the evacuation the body and limbs suddenly became quite rigid, the countenance pale, while the pulse could scarcely be felt at the wrist. I concluded the child was dying, and for a time avoided any farther interference ; in a short time, however, the eyelids gradually opened, showing the pupils greatly dilated; the pulse soon became more distinct and frequent. A tendency to opisthotonos now became manifest, which soon increased very much, but was relieved as if by magic, by the application of a cloth wet in chloroform to the spine. As soon as it could be made to swallow I gave the iodide of potassium in two grain doses hourly, which was continued until it had taken 144 grains, it was then continued in doses of half the quantity until it had taken 150 grains more. I should have continued still longer had not salivation occurred, which I may here mention is not very uncommon.

In this case there was complete paralysis for six days, which subsided gradually, the arms being the last to recover. Vision and hearing were restored in a measure on the fourth day, but the patient was unable to speak for nearly two weeks. He is now in perfect health.

Case V. Was a child of Mr. S——, aged two years. This patient had been suffering from chronic diarrhœa for some weeks before I was called, which was on the 20th September, 1852. Various remedies had been resorted to without affording anything more than temporary relief. I found the child in convulsions, and was informed that it had been in that condition for nearly an hour. Although the gums were not much swollen I scarified them freely, ordered an enema of soft soap and water (as being the most convenient), which operated promptly, overcoming the spasms entirely The patient remained in an unconscious state nearly thirty hours. It was by this time enabled to swallow a little water, on which I floated down four grains of calomel. The pulse during the whole time was frequent and feeble. I should have mentioned that during the greater part of the time the head, as well as the right arm and leg, was in constant motion, while the left side was completely rigid and motionless. The calomel acted upon the bowels in about six hours after its administration, producing a small tarry looking discharge without any great odor.

In this case I commenced giving the iodide an hour after it took the calomel, in one and a half grain doses, repeated hourly for forty-eight hours, during which time the pupils of the eye, which were dilated to their fullest extent, began to contract slowly, and the involuntary motion to become less, until they ceased entirely. The iodide was continued in one grain doses for the next twenty-four hours, when the interval was prolonged to three hours, and continued until satisfied that the symptoms were increasing, when I was compelled to resort to the full dose again. This was then persevered in until all the formidable symptoms ceased, which was about in sixty hours.

This patient seems delicate still, but is enabled to walk with support, and is beginning to articulate quite well. Although it is now four and a half years old it is not larger than ordinary children are at three years.

Selections from Favorite Prescriptions of Living American Practitioners. By HORACE GREEN, M.D., LL.D., &c.

Emetics and Expectorants.

We may arrange Emetics and Expectorants together, inasmuch as some of the direct emetics are among the best remedies for promoting expectoration; although as therapeutical agents, and in a pharmacological sense, they are widely different in many instances.

Emetics are those substances which excite vomiting. *Expectorants* are the medicinal agents which possess the property of increasing the secretion from the pulmonary mucous membrane. Direct emetics operate by an irritation which they cause of the gastro-duodenal surface. The production of vomiting has been thus explained: "The irritation of the stomach makes a call upon the brain for the aid of the diaphragm and the abdominal muscles, in order to expel its contents; the diaphragm then becomes contracted and fixed, the ribs drawn down, the abdominal muscles drawn inwards, so that the stomach is pressed on all sides by voluntary muscles, which, together *with its own contraction*, expels the contents."

In the administration of an emetic, the irritation of the gastric and duodenal surface is communicated to the mucous follicles of these parts, by which the ordinary exhalation is accelerated and greatly increased; the irritation of the mouths of the excretory ducts of the liver and pancreas, which, as we have seen, open on the duodenal surface, is transmitted to these glands, by which their fluids become quickly augmented, and the bile thus secreted in increased quantity, flows into the duodenum, from thence it ascends into the stomach and is rejected by the mouth. "We are not to suppose that all the bile passed by vomiting existed in the stomach or primæ viæ before the emetic was taken. The secretion of this fluid is caused by the emetic, and is the result of its influence upon the liver."*

In the operation of an emetic, not only is an action aroused in the viscera, to which we have alluded, but an irritation is communicated, through the nervous filaments of the stomach, which are received from the pneumogastric nerve to the medulla oblongata, and finally to the whole ganglionic system of nerves; so that, by reason of the sympathetic connections which the stomach maintains with the different centres of innervation, the shock caused by the administration of an emetic is at once transmitted throughout the entire system. Hence it is that the well-timed exhibition of an appropriate emetic will often destroy disease in embryo.

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* Manual of Gen. Thera., p. 254.

As in selecting cathartics the physician is guided by the indication to be fulfilled, so in the administration of emetics it is important that the emetic agent chosen should be adapted to the existing circumstances or nature of the disease prescribed for.

There often occurs a morbid state of the digestive organs, manifested by a sense of fullness in the epigastrium, a loss of appetite, a bitter taste in the mouth, the tongue is moist, and is covered with a whitish coat ; symptoms which indicate turgescence of the liver, and a congested condition of the gastro-duodenal mucous membrane. Under such circumstances the following emetic is indicated :

℞.	Ant. et Potassæ Tartrat.	- gr. ij
	Ipecacuanhæ pulv. - -	- ℈j
	Aquæ Puræ - - -	- ℥iv

Fiat mistura, sumat cochleare j amplum omni horæ quadrante donec super venerit vomitas.

In administering tartarized antimony to young children, great caution should always be observed. We have before attempted to show the uncertain, energetic, and often dangerous effects of this powerful agent, when administered in continued doses to young persons.* In membranous croup, and some other acute diseases of children, emetic tartar, when employed to a certain extent, and with that caution which should always be observed when administering so powerful an agent, is an invaluable remedy ; but after one or two exhibitions of this remedy some other agent should be substituted, when it becomes necessary to repeat the emetic operation in the course of the progress of the same disease.

℞.	Ant. et Potass. Tart. -	- gr. j
	Ipecacuanhæ pulv. - -	- ℈ss
	Aquæ tepidæ - - -	- ℥iv

M. Fiat mistura, sumat cochleare parv. omni horæ quadrante ad emesim.

In the commencement of croup, the above may be administered in teaspoonful doses, once in five, ten, or fifteen minutes, according to the urgency of the symptoms, until vomiting is effected. Should the continuance and severity of the disease require the emetic operation to be several times repeated, the following combination may be substituted. We have found it to be one of the most certain, efficacious, and safe emetics that can be administered.

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* Observations on the Pathology and Treatment of Croup. pp. 104–7.

℞. Zinci Sulphatis - - - gr. x
Ipecacuanhæ pulv. - - - ℈j
Aquæ tepidæ - - - - ℥iv
M. Fiat mistura.

This emetic may be administered under the same circumstances as the preceding, and to the same amount.

Turpeth Mineral is another active mineral emetic, much employed by some practitioners in New England, in the treatment of membranous croup.

Some years ago the attention of the profession was called to the properties of this remedy by Dr. Hubbard, of Maine, who highly recommends it as a certain and sure remedy in croup.

℞. Hydrarg. Sulph. Flav. - - gr. x
Syrupi Simplicis - - - ℥ss
M. Cap. cochl. parv. j omni horæ quadrante, ad effectum.

In cases of poisoning, where it becomes important to evacuate the stomach as quickly as possible, and to prevent absorption, an emetic which occasions but little nausea, and operates promptly, should be selected

℞. Cupri Sulphatis - - - gr. x
Aquæ tepidæ - - - - ℥ij
M. Fiat haustus emeticus.
Vel. ℞. Zinci Sulphatis - - - gr. xv
Aquæ tepidæ - - - - ℥ij
M. Fiat haustus emeticus.

In the treatment of hæmorrhage, particularly hæmorrhage from the lungs, some eminent American practitioners are accustomed to place much reliance on the use of nauseating emetics, it being well known that the force of the circulation is greatly diminished during the period of nausea. The following is a suitable emetic in hæmorrhage:

℞. Ipecacuanhæ pulv. - - - ℈j
Aquæ menth. Pulegii - - ℥iv
M. Fiat mistura, sumat cochleare mag. j omni horæ quadrante ad emesim.

In the treatment of chronic diarrhœa and dysentery emetics act in some cases as revellents, and thus prove very serviceable.

℞. Ipecacuanhæ pulv. - gr. xv
Aquæ menth. pip. - ℥iv
M. Fiat mistura.

The above may be given in divided doses in chronic diarrhœa.

Among the vegetable emetics are two remedies much used among some American practitioners, particularly in the treatment of croup, and spasmodic asthma; these are the *Sanguinaria canadensis* and the *Lobelia inflata*. *Bloodroot* is an acrid, stimulating emetic, and has been highly extolled by some physicians, in croup, in asthma, and in pertussis. It is administered as an emetic in the form of infusion, and the saturated tincture of the root.

℞. Sanguinariæ canadensis - ℥i
Aquæ ferventis - - Oss
Macera. sumat cochl. ampl. omni horæ quadrante ad emesim.

The tincture of Sanguinaria, administered in teaspoonful doses, is equally effective as an emetic.

Lobelia is an active and powerful remedy, and is seldom employed as an ordinary emetic. But in the treatment of Spasmodic Asthma, it is esteemed by many as a most efficient and valuable therapeutic agent. The officinal tincture is the best form in which to administer lobelia as an emetic. In asthma, it may be given in doses of from one to two fluid drachms, repeated every half hour, or oftener, until vomiting occurs, or relief is obtained. If continued for any length of time, however, in full doses, it is apt to produce distressing relaxation. It is therefore advised not to continue the remedy beyond three or four doses, if vomiting does not follow.

To relax the spasm, in attacks of asthma, some practitioners administer the tincture in half drachm doses every half hour, sufficient to effect nausea for a time without producing vomiting, and they ascribe to the medicine thus exhibited most extraordinary efficacy, occasionally, in the paroxysm of spasmodic asthma.

℞. Tinct. Lobeliæ Inflatæ
Syrupi. Scillæ - - aa ℥i
Misce. sumat M. xx vel xxv bis terve in die.

The above combination has been. recommended by experienced physicians in the treatment of hooping cough. In doses of twenty or thirty drops, it may be administered with safety, and often with much advantage, several times a day to young children affected with hooping cough.

Expectorants, we have stated, are those medicinal agents which are supposed to have the power of increasing the secretion from the pulmonary mucous membrane, and of aiding in the expulsion of secreted matter from the air-passages. Expectorants are frequently given in combination with alteratives; and, to allay irritation, in some forms of bronchial and pulmonary disease, they are, with advantage, frequently combined with sedatives.

In chronic bronchitis, and in catarrhal affections, after the inflammatory symptoms are somewhat subdued, we have found, after much experience in its use, the following to be a most valuable expectorant :—

℞. Decoct. Polygalæ Senegæ	℥iv
Potass. Iodid.	ʒij
Vini Antimonii	℥ss
Syr. Tolutan	℥iss

M. Fiat mistura, capiat cochl. parvum bis terve in die.

A similar combination is highly recommended by Dr. Stokes for the treatment of bronchitis.*

For cases of chronic bronchial disease, attended with profuse expectoration, the subjoined stimulant expectorant has been much commended :—

℞. Misturæ Ammoniaci	℥vi
Syr. Scillæ	℥i
Tr. Opii Camph.	℥ss
Tinct. Hyosciami	ʒi
Vini Ipecacuanhæ	ʒiij

M. Fiat mistura. cujus capiat cochl. mag pro dosi.

In the treatment of both bronchial and pulmonary disease the following mixture is highly recommended by an eminent physician of Connecticut :—

℞. Syrupi Scillæ Camp.	
Syrupi Tolutan.	aa ℥ij
Tinct Sanguinariæ	℥j
Tinct. Lobeliæ	ʒvj
Tinct. Camphori	ʒij
Acidi Hydrocyanici	m. xl

M. Fiat mistura, sumat cochl. parv. pro re nata.

When the cough is severe, from two to four grains of the sulphate of morphia may be added to the above mixture.

℞. Polygalæ Senegæ pulv.	ʒij
Ipecacuanhæ pulv.	ʒj
Mel Opt.	℥ij
Aquæ fervent.	℥vj

M. Fiat mistura cujus sumat cochl. parv. pro re nata.

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* Among the local or specific stimulants in Bronchitis," says Dr. Stokes, in his work on Diseases of the Chest, "I know of none to be compared with the following :—

℞. Decoct. Polygalæ Senegæ	℥v
Syr. Tolu. Tr. Opii Camph.	
Tinct. Scillæ	aa f.ʒij
Ammoniæ Carb.	gr.xv *vel* xx

M. Fiat mistura."

The above is the ordinary expectorant prescribed by Prof. ————, of Philadelphia, in the treatment of catarrhal affections. It is a very useful remedy in the early stage of bronchial irritation, and may be employed before the more stimulant expectorants are indicated.

In catarrhal and bronchial inflammation of children, when it becomes important to promote promptly the expulsion of phlegm from the bronchi, the following combination will be found to be of great efficiency :—

℞.	Decoct. Polyg. Seneg., -	℥iij
	Oxymel Scillæ.	
	Vini Ipecacuanhæ - -	aa f.ʒij
	Vini Antimonii - -	℥ss

M. Et exhibe m. xv—xxv omni horæ quadrante ad emesim.

After the occurrence of nausea or vomiting, it may be administered in diminished doses once in two hours, sufficient to promote expectoration.

As stimulant expectorants the balsams are frequently employed, alone or in combination with nauseants and sedatives. Among this class of remedies the Canadian Balsam is one of the most agreeable and useful, and is much employed in some parts of the United States and in the Canadas.

℞.	Balsam Canadensis.	
	Liquor Potass. - -	aa ℥j
	Vini Ipecacuanhæ - -	℥ss
	Syrupi Tolutanis - -	℥iss
	Aquæ Font. - - -	℥ij

M. Fiat mistura, sumat cochl. parv. bis terve in die.

A useful remedy in chronic catarrhal and bronchial affections.

The following combination is the favorite expectorant and cough mixture of a distinguished physician of Montreal :—

℞.	Balsam Canadensis - -	ʒvj
	Potass. Cyanidi - -	gr. iss
	Tinct. Aconiti - - -	f. ʒj
	Liquor Potass. - - -	℥j
	Syrupi Tolutan. - -	℥ss
	Aquæ Font. - - -	℥iijss

M. Fiat mistura cujus sumat cochl. parv. pro re nata.

In chronic bronchial disease, and in long-continued catarrhal affections which are attended with a copious muco-purulent expectoration, the balsam of copaiba is a valuable stimulant expectorant.

℞.	Copaiferæ Officinalis -	℥ss
	Tinct. Opii Camph. - -	℥j
	Vini Ipecacuanhæ - -	℥ss
	Syrupi Acaciæ - - -	℥ij
	Ol. Gaultheriæ - -	gtt xx

M. Fiat mistura, capiat cochl. parv. bis in die, vel sœpius.

In the treatment of chronic diseases of the air passages, the following mixture is strongly recommended by an experienced practitioner, as an efficient remedy for allaying the cough and diminishing the expectoration :—

℞.	Morphiæ Acetat. - -	gr. iv
	Potass. Cyanidii - -	gr. iij
	Vini Antimonii.	
	" Ipecacuanhæ - -	aa f. ʒij
	Tr. Sanguinariæ - -	℥ss
	Syrupi Tolutanis - -	℥iij

M. Fiat mistura cujus capiat cochl. parv. ter quaterve in die.

As a mild expectorant for young children, when threatened with an attack of croup, or in the commencement of bronchitis or catarrhal fever, the following mixture will prove highly useful :—

℞.	Vini Ipecacuanhæ - -	f. ʒiij
	Syrupi Tolutani - -	ʒv
	Mucilaginis Acaciæ - -	℥j

M. Fiat mistura, sumat cochl. parv. omni horâ vel quâque secundâ horâ.

COLUMBUS, Ill., February 16th, 1857.

Editors of the American Medical Monthly :

Dear Sirs : I take the liberty of sending you the following report for the MONTHLY, if you should deem it worthy of a place in your journal :

February 9th, 1857. I was called at 6, P. M., to Mrs. C., with her first child. Labor had commenced at 6 A. M. Found the os almost fully dilated, the face presenting, with the forehead turned towards the right acetabulum. The labor was tedious—forty hours in all. This we were partly prepared for, from the character of the presentations, but were surprised to find the head, after it was expelled from the os externum, thrown back upon the shoulders; and notwithstanding the most forcible bearing-down efforts, and careful manipulation, the occiput remained closely in contact with the external labia until after the shoulders and anterior part of the thorax were expelled. The cause of this strange phenomenon was at length explained by the expulsion of a large tumor, which was attached to the posterior border of the parietal and upper part of the occipital bones. The tumor measured nine inches in length, sixteen inches in its greatest circumference, and five inches around the neck. After a careful examination of the tumor, I gave it as my opinion that it was the result of hydrocephalus. My diagnosis was confirmed by subsequent puncture, which showed its contents to be wholly serum.

The points of interest in this case are—the rare occurrence of such tumors ; that the powers of nature were sufficient to complete the labor, notwithstanding the large dimensions of the tumor, and that the child was of ordinary size. The child breathed a few times, and the pulsation in the cord was distinct after it was born ; but it soon died. The mother is recovering rapidly.

Quere : Was the tumor the cause of the abnormal presentation ?

S. HENRY, M.D.

[Yes, without doubt. Its position on the head, its size, and the resultant of the forces applied to expel the child, all must carry the face forward, as the presenting part.—[EDS. MONTHLY.]

Extracts from Foreign Journals. Prepared expressly for THE AMERICAN MEDICAL MONTHLY.

The Importance of Hemoptysis as a Sign of Pulmonary Phthisis. Read before the Academy of Sciences, by Dr. EDWARD DE LAMARE. (From the *Gazette Medicale.*)

All pathologists agree in regarding hemoptysis, or spitting of blood, as a symptom of the invasion of the pulmonary parenchyma by tubercles, which are deposited, not as has been advanced, in the pulmonary vesicles, but in the inter-areolar cellular tissue, not only of the lung, but also of the other organs. Although hemoptysis may be very frequently a sign of phthisis, there are cases, rare to be sure, yet undoubted, of idiopathic hemoptysis, which are not allied to any affection of the air-passages. M. Louis, in his treatise upon pulmonary phthisis, says that the cases of idiopathic hemoptysis are to those which depend upon phthisis as 1 is to 2,400, which is the same as to say that when an individual spits blood, there is little doubt that he is tuberculous. The experience resulting from my own observations, leads me to lay down this relation as 1 to 66 ; which still making phthisis the most usual condition, yet greatly enlarges the field of exceptions ; for 66 : 2,400 : : 1 : 36$\frac{1}{3}$. Consequently, still maintaining the gravity of the prognosis after hemoptysis, my calculation, made from patients submitted to my observation, is 36 to 37 less unfavorable than that given by M. Louis.

In making these statistics I have rejected all doubtful cases, and have only admitted those as idiopathic hemoptysies which, dating back fifteen years, were neither preceded nor followed by a cough, even of a few days, nor by loss of flesh, nor loss of strength, in persons who had no hereditary tendency to phthisis, who were not subject to colds, and whose lungs, examined by myself fifteen years after the accident, by means of auscultation, were found perfectly healthy.

There is a difference between men and women as regards idiopathic hemoptysis. It is more frequent in women whose menstrual evacuations often, either suppressed or diminished, tend to be replaced by supplementary hæmorrhages ; thus, while for the two sexes united the relation is as 1 to 66, it is as 1 to 132 for men, and as 1 to 33 for women.

I do not designate by hemoptysis, a few streaks or spots of blood which one may eject with the sputa without being consumptive, but the expectoration of a considerable quantity of blood.

Independently of hemoptysies purely idiopathic, there are individuals who spit blood under the influence of a tuberculous disease, but in whom, however, this disease remains almost stationary, and in the latent state, while they are in good hygienic conditions. These individuals, it may be stated, give birth to children who ordinarily appear phthisical before they reach the age of their parents. It is evident that in this hereditary transmission, the intensity of the disease had increased a step.

As to the frequency of hemoptysies in pulmonary phthisis, the observation of facts prevent me from subscribing to the statement made in M. Louis work, that one-half of consumptives have hemoptysis, while the other half have none. The cases accompanied by spitting of blood, are more frequent than those in which this sign is absent. The relation is as 75 to 55. Finally, while idiopathic hemoptysis is more frequent in the female than in man, it is the contrary as to hemoptysis due to pulmonary phthisis. For instance, from 130 consumptives submitted to my observation, of which 65 were men and 65 women, 75 had spat blood, of which 45 were men and 35 women.

Upon a Method of Treatment Preventive of Puerperal Fever. By M. PIEDAGNEL. (From the *Gazette Medicale.*)

M. Piedagnel communicated to the Academy of Sciences, Paris, in its sitting of Nov. 24, 1856, the following note upon a method of Treatment Preventive of Puerperal Fever :—During an epidemic of puerperal fever, at Paris, lying-in women were distributed through the various hospitals, and a certain number were received into the wards at Hotel Dieu, under the charge of M. Piedagnel, Conscious of the uncertainty of medication against this disease, M. Piedagnel thought it might not be impossible to prevent its occurrence, and forthwith endeavored to discover the means.

Knowing that quinine had often been employed with advantage in this disease, and that it prevented the access of pernicious intermittent fever, a disease usually more severe than puerperal fever, and recalling that during the cholera of 1853–54 he had obtained undoubted preventive results from its use; knowing also that iron, which has a positive action upon all the economy, has also been employed with advantage against puerperal fever, it seemed that by associating them good results might accrue from their administration. But as puerperal fever ordinarily commences suddenly, and is not always preceded by any partial alteration, he thought the administration of these medicaments, which could not produce any injurious result, might be made before the appearance of the disease, when its irruption was feared.

The patients he received were well watched, and kept carefully clean. The windows of the wards were kept open almost all the time, even at night, when the weather would permit; fire was kept day and night in the stoves, so as to produce currents of air, and the treatment used was as follows:—

As soon as a woman entered the wards to lie-in, or if she had been delivered, she took two pills, each containing about one and a-half grains of quinine and fifteen grains of sub-carbonate of iron, and in the evening the same quantity; and as long as she remained in the hospital she took morning and evening the same dose, drinking linden-flower water and a bottle of Spa water. All the functions were watched and preserved as much as possible in their physiological integrity. This was the treatment in simple cases, but in those in whom the signs of the fever had become developed, the dose of the medicament was increased progressively each day as high as 5, 10, and 15 grains of the sulphate of quinine, and of a ʒj to a ʒiss of the iron. As soon as the symptoms became milder, the amount of the medicaments were reduced.

Of 94 women delivered under his care, one only died of puerperal fever contracted in his wards.

Medicinal Substances introduced into the Large Intestine by Enemata. By M. BRIQUET. (From the *Gazette Hebdomadaire.*)

M. Briquet read before the Academy of Medicine, Paris, Session of Dec. 30, 1856, a paper entitled "upon the absorption of medicinal substances introduced into the large intestine under the form of enemata," from which he drew the following general conclusions :—

1. The liquid comprising the enema can easily reach the cœcum, and consequently come in contact with a very extensive absorbing substance.

2. The mucous membrane of the large intestine and the fluids which cover its surface, have no chemical action upon the substances introduced into the large intestine, and that there is no absorption of anything which was not primitively in solution.

3. When any of the soluble salts of quinine are administered in enema in doses below fifteen grains, a little more than a third of the quantity administered is eliminated, and consequently has been absorbed.

4. When more than fifteen grains are administered it is not tolerated well, and only a fifth or a sixth of it absorbed.

5. At whatever dose the sulphate of quinine may be given, it produces ordinarily the cerebral symptoms, very slowly and very imperfectly.

6. Traces of elimination and consequently of absorption, are not observed till an hour after the administration of an enema, and then it is very slight.

7. The duration of the elimination is generally quite short and ordinarily from two to three days at the longest.

8. The greater or less quantity of the liquid, yet limited to a certain degree, the more or less viscid nature of the liquid, and finally the addition of the salts of morphine to the alkaloids of cinchona, do not sensibly modify the absorption.

9. Young people absorb better than adults ; old people of both sexes badly.

10. The alkaloids of cinchona administered in enemata in doses below fifteen grains, can produce in this way, all the effects to be expected from the exhibition of these alkaloids in small doses, by the mouth, and can very well take their place.

11. The same is not true of those cases where a large dose is required ; there is not sufficient absorption to produce the severe stupefying effects.

12. More than thirty grains of sulphate of quinine at a time cannot generally be tolerated by the large intestine.

These conclusions are applicable more or less, exactly to the different substances employed in enemata.

Upon the Use of Glycerine as a Topical Therapeutical Agent. By M. Luton. From the *Comptes Rendus de la Société de Biologie.*

Glycerine is an unctuous liquid not susceptible of evaporation. Although it has the appearance of an oil, it has the physical characteristics of a syrup ; it is also soluble in water. By its first two properties, it prevents, as well as cerate and other fatty substances, the dressings from adhering to wounds. By its solubility in water, an extremely important quality, it permits wounds to be kept clean without the necessity of washing them a great deal. Indeed wounds dressed with glycerine, never have those crusts of pus and cerate formed over them, which can only be raised by means of a spatula, and with pain to the patient. It is ascertained, too, by observation, that it is seldom necessary to wash the wound, all that is needed is to cleanse it gently by means of a sponge.

We shall see that glycerine evidently modifies the abundance of the suppuration, and again, being a very hygrometrical substance, it keeps the parts in a constant state of humidity and prevents the products of exudation from becoming dry and hard. To obtain this it is indispensable to employ the glycerine in abundance, and to saturate the charpie and the perforated linen with it, while in order to avoid the inconvenience arising from the use of the cerate, when the latter is used, the dressings are hardly covered by it.

It is asked if glycerine preserves wounds from the contact of air as well as fatty bodies. The action of fatty bodies in this relation, is very imperfect ; they cannot cover a bloody surface. Glycerine, on the contrary, from a quality the reverse of this, comes more directly in contact with the denuded part. It protects it against the air as well as a wet cloth or a cataplasm. It softens the charpie more readily, and is absorbed better, and with it the exuded fluids which it dilutes, and which the cerate under the same circumstances cannot do, for it rather opposes the absorption of the watery fluids.

Fatty bodies, preventing the evaporation of the humors upon the denuded surfaces, or even upon the skin, keep up a high temperature.

Glycerine, from its affinity for water, also arrests evaporation by retaining the exuded liquids, and accomplishes equally well this object. To prove this, it is only necessary to cover the lips cracked by cold, with glycerine ; a decided heat is soon felt in them, even when you are in the air, and the pain is greatly relieved.

Glycerine then, from its peculiar physical properties, triumphs over fatty bodies as a dressing for wounds.

But the advantages of glycerine in the dressings of wounds are not thus limited. It possesses, independently of the qualities we have just indicated, a very remarkable topical action, which should seriously interest the surgeon. To show this action, the author points out the different cases in which it has been applied, in the service of M. Demarquay at the St. Louis Hospital, limiting himself simply to announcing generally its salutary effects.

The first effect of the application of glycerine upon a denuded surface is a slight pricking, which sometimes produces an itching sensation, but which soon passes off, and is never complained of by the patient.

In simple ordinary wounds, accidental, or surgical, and exempt from complications, glycerine employed like cerate has no very manifest action. It conducts to a cure quite as rapidly as most of the neutral topical agents, and is only remarkable in its action by the slight suppuration which ensues, which, however, is one of the essential and general qualities of glycerine. Besides it has been observed that it never produces an exuberance of unhealthy granulations.

In the different degrees of burns, glycerine is of extremely easy application, and has also a very efficacious action. We have seen patients upon whom cauterization had been employed for white swelling, sciatica, &c., object to the glycerine dressing because it healed, as they said, too quick, and did not draw enough.

In the diptherite of wounds,—in that bad aspect which wounds sometimes take on in the Paris Hospitals during the first few days, dressings with glycerine are of essential service. Instead of assuming and preserving a grayish diptheritic appearance, they look red, and there is no exuberance of granulations.

In Hospital gangrene it proved of most marked benefit in one case following an extensive burn, in which quinine, lemon juice, mono-hydrated nitric acid, and the cautery had failed. It also succeeded in two other cases occurring in the hospital at the same time.

In deep wounds, in sinuous abscesses, glycerine was also used. It was introduced by means of a pledget of lint, or as an injection The suppuration was diminished and the period of cicatrization shorter. Injections were made into cold abscesses; into abscesses by congestion, and into abscesses in contact with inflamed bones, and the happiest results attended its use.

Glycerine also succeeded admirably in the dressing of ulcers; chronic ulcers, varicose, grangrenous, &c., cleaned rapidly under its influence, the unhealthy granulated surface gradually filled up, and cicatrized. Rest is always a powerful and necessary auxiliary.

Glycerine has no property antagonistic to the specific nature of chancres, but their surfaces rapidly become clean and take on a good aspect from its use, and although there are no positive data to be given upon the specific action in this class of ulcers, yet there is no dressing so convenient for chancres of the prepuce as lint saturated with glycerine.

This topical agent has also been employed in diseases of the neck of the womb. MM. Trousseau and Aran have tried it, but never with very satisfactory results. M. Demarquay has reaped great advantages from its use in simple or granular ulcerations of the neck. In chronic cases, or where the neck was large and tumefied, the different caustics were used, and among others, the cautery. Then the glycerine employed as a dressing, modified essentially the quantity of the secretions, which ordinarily follow the fall of the eschars.

It has also been employed in vaginitis, but the results are so inconclusive that they are not reported.

From this review of its application, it follows that the topical application of glycerine diminishes the abundance of the suppuration. It possesses a styptic influence, difficult to determine, but which by this virtue changes an impure and complicated wound into a simple wound, and consequently hastens its cure.

Abstracts of Reports of Hospitals, Dispensaries, &c., in Austria.

On the 30th December, 1856, Dr. A. E. Flechner gave in his report to the Medical Association of Vienna, upon the monthly and annual Sanitary Reports of the different Hospitals, Alms Houses, Dispensaries, Penal Institutions, Asylums, &c., of Austria, for the past year. The number received and examined exceeded two hundred, and embrace results from September, 1855, to October, 1856.

The following facts and items, gleaned by Dr. Flechner in his examination of these Reports, and interesting in their therapeutic and pathological relations, we translate from the *Œsterreichische Zeitschrift für Practische Heilkunde.*

It appears from the monthly reports of General Hospitals, that, in traumatic tetanus wine was administered with favorable results, accompanied at the same time by the use of carbonate of potash baths, followed by early use of opium and carbonate of potash. The autopsy, in a severe case of tetanus of ten days duration, disclosed in the body no material pathological changes. A case of chronic lead poisoning, accompanied with violent headache, and complicated with paralysis, was cured after nineteen days use of four drops daily of *chlorbrom* in two ounces of water. Diabetes mellitus was treated successfully by strict flesh diet, iron, tannin, and carbonic acid water. Tannin was of no avail in intermittents ; on the other hand, berberin was employed with advantage in non-gastric diarrhœas. Glycerine did good service in bed-sores. A caustic agent, much esteemed in France, was experimentally tried with good results, viz : one part of pure liquor ammoniæ to two parts of oil. Poured upon cotton and laid upon the skin, lentil-sized blisters were raised in five minutes, which, being pricked, were sprinkled with morphia. Iodide of potassium repeatedly proved itself useful in cases of mercurial poisoning, and croton oil in cases of lumbago and sciatica, externally applied. Upon trial of Fleming's method for the itch, less favorable results were obtained than by that usually employed in General Hospitals. Favorable results followed the use of strychnia in paraplegia, and cantharides in incontinence.

Among other things, typhus deposits were found wholly wanting in exanthematous typhus ; while, on the other hand, in an old apoplexy, with a slow pulse, in the course of which all the usual symptoms of typhus were absent, the body, upon examination, first showed the typhus process. Ulcerations of the larynx were often observed following typhus. A metastatic abscess developed itself in the upper arm of a patient convalescing from severe typhus, which being opened, showed a healthy disposition, but suddenly chills occurred, icterus, with pain in the liver, and very soon death. Upon examination of the body, the liver showed numerous abscesses of the size of a walnut. A fungus melanodes, appearing externally at first, in eighteen months extended inwardly, and invaded most of the internal organs. Melanotic formations were found in the pleura, peritoneum, and even in the muscular tissue. An apparently hysterical patient died with comatose symptoms, and the body showed, upon examination, melanotic degenerations in both hemispheres of the brain, as well as in the right lung, and several formations of the same kind in the omentum and mesentery. In an epileptic, whose paroxysms were accompanied by violent vomiting and diarrhœa, sixty hydatids were found, of the size of grapes, in the cortical substance of the hemispheres of the brain, and one in the right corpus striatum. A tubercle of the size of a hazelnut was found in the right hemisphere of the cerebrum, the patient having exhibited no cephalic symptoms of disease during life. Fatal cases of puerperal fever, accompanied with icterus, left no traces of any affection of the liver. Union of the pia mater with the substance of the brain resulted in epileptic convulsions, loss of memory, and finally death ; hypertrophy of the cerebrum was accompanied with loss of the sense of smell and taste, while that of sight was little disturbed. Cancer and tubercle were found together in the same individual. These two diseases are therefore considered not incompatible. Fatty liver and fatty spleen were found following secondary syphilis. An evidently increasing frequency was observed in reference to the last.

We select a few of the numerous observations made at the Wieden District Hospital, and interesting among these was a case diagnosticated as phrenic neuritis, which, with extremely violent and painful hiccough, sensitiveness of the epigastrium, and pain in the points of attachment of the diaphragm, appeared in a young man, twenty years old, of good constitution, who had twice before suffered from the same affection, but of a milder form. Sulphate of quinine, in doses of five grains, morning and night, was exhibited with the most favorable results. The attacks, which at first seldom ceased longer than a few minutes, became from day to day milder and rarer. They wholly disappeared on the sixth day of treatment. Ulcerations of the larynx sometimes followed typhus ; once, also, there was observed an extensive croup in the summit and posterior walls of the throat, and posterior nasal fossæ. During the cholera epidemic typhus cases ran their course with intermitting paroxysms. In one case, cystitis developed itself after cholera, followed by an extensive furuncular eruption, and death from exhaustion. A stubborn tertian, the paroxysms of which were accompanied by vomiting and diarrhœa, and which had been battled in vain for two weeks, at home, was cured in the Hospital by the use of corresponding doses of quinine and opium. A case of Bright's disease terminated with symptoms of cholera. In the body were found hæmorrhagic ulcerations of the stomach, and a pleuritic exudation. A drunkard lived twelve days after an apoplectic attack, although a clot of the size of one's fist was found in his brain after death. Veratria in increasing doses was successfully employed in facial neuralgia.

The reports of the Lying-in and Foundling Hospitals, including those of institutions for vaccination, deserve every acknowledgment. We here also make but a few selections, since the most important results, aside from these, are published in the yearly report. An accurate preliminary investigation into the etiology of the puerperal processes, in the first named, would be desirable, since with some fluctuations in regard to the number of cases, they disappeared entirely at no time during the year. Not less desirable would be an accurate account of their course and treatment. The lying-in wards differed strikingly in regard to the frequency of puerperal fever. The Foundling Hospitals number always, of out-door and in-door patients, about 15,000, of which from 450 to 500 die monthly. The great mortality of the in-patients arises principally from anæmia, diarrhœa, and pneumonia. The frequently prevalent ophthalmia neonatorum is now successfully treated by applications of pounded ice ; in its further progress by solutions of lapis divinus and sulphate of zinc ; and in ulcerative conditions by solutions of corrosive sublimate and tr. opii. The not uncommon cancrum oris of children was treated by muriatic acid washes for the mouth, slices of lemon, and by touching the gangrenous spots with tr. opii.; and, indeed, with better success than by glycerine, which has been recommended and employed in Children's Hospitals, in this affection. The experiments made during the course of the year, with original vaccine lymph, were twice successful, but the development of the vaccine matter so procured is always slower.

In the report of the Royal Asylum for the Insane are given items of etiological interest, and also pathological results in a field hitherto truly barren. The prevailing type of disease is mentioned for each month, and several prominent cases of disease are accurately described. In reference to the former, the abuse of alcoholic drinks, whereby, through impregnation of the nervous centres by aldehyde, arise hallucinations of sight and hearing, furthermore, sexual excesses, and finally, in women, menstruation and lactation, as well as climacteric periods of life, all play important parts. Post mortem examinations frequently disclosed chronic hydrocephalus ; atrophy of the brain ; more or less extensive softening, especially in dementia ; then hardening of the brain, and finally loss of elasticity and ossification of the arteries and malformations of the heart. It is remarkable how other diseases are sometimes obscured by insanity; for instance, in a case of cholera, where in life the usual symptoms of vomiting and diarrhœa were not developed, and yet the body plainly showed the cause of death to have been this disease. In two other cases, during the course of the cholera, there was observed a striking improvement in mental activity ; and in one case of a teacher, twenty-six years old, the mental disease completely ceased upon the development of pulmonary tuberculosis. In a similar way, a previously existing epilepsy wholly ceased with the development of tuberculosis. Aside from other intermittent forms of mental disease there was observed, following a case of cholero-typhus, a periodically returning mania of a monthly type ; and in the case of a woman, already for the third time pregnant, melancholy and a suicidal propensity were noticed each time in the sixth month of her pregnancy. A wet nurse became insane through anæmia, from nursing three children at the same time. In the case of an insane patient refusing food, instead of using the usual feeding tube, nourishment in a liquid form was sought to be introduced through the nose by the aid of a spoon only. It did not, however, succeed.

Rich in materials, also, are the reports of the Elizabethinerinnen Infirmary, since in addition to the prevailing type of disease, its course and treatment, they contain accounts of prominent cases. General and local blood-letting was employed in this institution in the graver inflammatory diseases more frequently than in other hospitals, and indeed with very average satisfactory results. At the Währingergasse House of Refuge, in Vienna, the more stimulating method in the treatment of cholera, by the use of camphor, sweet spirits of nitre, and tincture of juniper, was found far more beneficial than opium and other remedies. A periodically recurring chorea was here observed.

In the reports of three Penitentiaries which came to hand, scorbutus forms a subject worthy of especial attention. The remark of the physician of these institutions, Dr. Lunzer, appears to us deserving of much consideration. Repeated observations have taught him that when scorbutus accompanies tuberculosis, pulmonary affections, and especially the symptoms of tuberculosis, recede ; furthermore, that scorbutus does not appear so severely in an individual having tuberculosis, as in one previously healthy ; and that not rarely after the cure of the scorbutus in such cases, the tuberculosis appears to be cured. Hence scorbutus is good as a curative measure in tuberculosis—a proposition which needs for its acceptance further unbiased observations. In connection with the Penitentiary Hospital was mentioned a case of extremely ichorous eczema, which, having with-stood for a month the use of a soap of glycerine and carbonate of potash and lunar caustic, finally yielded completely through a month's continuous use of collodion.

Only five reports were given in upon epidemics prevailing in Austria, outside Vienna, during the course of the year, of which four were upon scarlatina and one typhus.

The first of the scarlatina-epidemics appeared at Himburg in the Fall of 1855. There were 32 cases and 3 deaths of girls ; no boys died. Two of the fatal cases terminated in the first stage from convulsions, and the other upon supervening anasarca. The source of the disease could not be established, since no scarlatina was present in all the neighborhood.

The second occurred in the four cantons of the Hangsdorfer district in the last month of 1855, and lasted until the 20th February, 1856. There were 277 cases and 43 deaths. Many milder cases, however, did not come under notice of the physicians. The fatal cases were here also most numerous among girls. Death was caused by inflammation of the internal organs, especially the membranes of the brain, then through inflammatory discharges from the ears, and finally through anasarca. It is worthy of mention that scarlatina patients lying in the same room with cholera patients, were never attacked by cholera. The march of the epidemic in the four cantons was plainly from East to West. Its origin was not known, and its spread was not always ascertained to have been through contagion. Belladonna was shown to be useless as a prophylactic, and the results from rubbing the body with fat bacon appeared problematical.

The third epidemic of scarlet fever appeared at Mannersdorf, in the district of Bruck, on the Leitha, and lasted from April to July, 1856. Out of 69 cases 11 died, a part through angina crouposa, and a part from pneumonia and atrophy of the brain. The sick were most numerous at the beginning and end of the epidemic. There occurred also cases without the rash, followed by desquamation of the cuticle and anasarca. Among the sequelæ were observed ulcerations of the mouth, and discharges from the ears. Tepid baths were found beneficial in cases showing albuminuria.

The fourth epidemic appeared at Hainburg and Hundsheim, lasting in the first from the end of April to August, 1856, and furnishing 96 cases, of which 26 were fatal,—and in the second 24 cases, of which 5 were fatal. The mortality among girls was also in this epidemic greater than among boys. Suppurations of the glands of the neck, ulceration of the mouth and tongue, discharges from the ears, and ophthalmias accompanied and followed the disease. Belladonna was useless as a prophylactic in this epidemic.

The remaining report upon the fifth epidemic, that of typhus, at Zistersdorf, presents nothing specially worthy of mention.

REVIEWS AND BIBLIOGRAPHY.

Human Physiology, Statical and Dynamical: or the Conditions and Course of the Life of Man. By John William Draper, M.D., LL.D., Professor of Chemistry and Physiology in the University of New York. Harper & Brothers. 8vo. pp. 649.

This volume has been lying before us several months, and we have desired to review it in a manner worthy of the importance of the subjects of which it treats, and of the well earned reputation of its learned author. But other topics and other materials, have crowded upon us with more pressing demands. And now we have not space to say what we wish, or time to discuss the important topics which at once spring up in our path.

The *physique* of the book meets with our cordial approval in its paper and binding. About three hundred wood cuts, well selected, well engraved, and well printed, ornament and illustrate it. Some of them we recognize as old acquaintances, some of them are new, and in a few of them only do we notice errors, and these, which are almost inseparable from a first edition, will doubtless be corrected in subsequent issues. The photographic art has been called into use in many of these to reduce large drawings, or to take views from microscopic preparations. This device is, we believe, original with the author, and is deserving of commendation and imitation by others.

Turning now to the matter, we find the general division adopted by the author, to be into statical and dynamical physiology, the former embracing the *conditions* of life, the latter the *course* of life. The titles of the chapters which come under the dynamical division will give a sufficiently clear idea of its topics, and by *exclusion* of those belonging to the *statical*, for all the rest are included in this. Those titles are, "of the principle of organization, or plastic power," "of the influence of physical agents on the organic series," "of the organic cell," "of reproduction and development," "the growth of man," "of sleep and death," "on the influence of physical agents on the aspect and form of man, and on his intellectual qualities," and "social mechanics."

Under this last title, by the by, are some sub-titles which strike one as odd in a work on physiology, such as "discovery of the straits of Gibraltar," "the Roman Empire," "the Crusades," "fall of the Spanish power," etc.

Every writer upon such a topic as physiology, must of necessity carry into his discussions the impress of any other pursuits in which he may be engaged. So many matters are dependant for their explanations upon the writer, so many rest upon solitary facts or upon truths not yet made clear, that theoretical arguments are constantly necessary, and these must be tinged by the peculiar habits of thought of the author. Hence we have as many views, on important points, as we have writers. We have not, therefore, been surprised to find that Prof. Draper has given to the whole of this volume a chemical tinge. He sees physiology from his laboratory, and gets the color of iodine or other chemical occasionally before his eyes, leading to as erroneous notions as does *couleur de Rose* the in those who are especially troubled by it. It seems, on this account, unfortunate to connect two subjects like chemistry and physiology in the same chair of instruction, for it is physiology that must yield and be injured. The author says in his preface :—

> "Throughout the work physiology is treated after the manner known in natural philosophy. It was chiefly, indeed, for the sake of aiding in the removal of the mysticism which has pervaded the science, that the author was induced to print this book. Alone of all the great departments of knowledge, physiology still retains the metaphysical conceptions of the middle ages, from which astronomy and chemistry have made themselves free. To exorcise it from such nonentities as irritability, plastic power, vital force, is the duty of the rising generation of physicians. It is also their interest. Empiricism will never be banished from the practice of medicine until physiology is made an exact science."

It may be so ; but if so, there is a long period to pass before empiricism will disappear.

But the author goes on to protest against the metaphysical philosophy of the various European schools, which he characterizes as uncertain, contradictory, and empty, and points to "Positive Science" as the agent which is to enable us to solve the questions which have foiled speculative philosophy. With the protest we sympathize fully and cordially, but in the guide to which he points, we have no confidence. Positive Science, as the author uses the term, is a very good thing in its place; but as to guiding us in metaphysics, it cannot do it.

To these portions of the preface we have made allusion, because we could thus briefly point out one of the peculiarities of the whole book. Chemistry is the basis of its physiology, and its physiology is run out to be made the scaffolding for a metaphysical structure. So that the whole is a chemico-physiological-metaphysics.

It is because we find so constant occasion to dissent from the doctrines of the author, that we cannot write a review of it proper for our limits, and are compelled to be content with this brief notice. A review would grow to a book as large as that reviewed; for brief statement would require to be met by argument, while what we think is fallacious, would require much space for the demonstration of the fact. Justice to the book, justice to ourself—both forbid us to do by halves what is so important. To specify one particular alone, we would say that the doctrines concerning the nervous system are so entirely at variance with our teachings, based on careful study and experiment, that we cannot for a moment accept them. We will not say dictatorially that Dr. Draper is wrong, but we certainly think he is—allowing to him the same courtesy which we should expect to receive from him if we were the author and he the reviewer. He disclaims materialism, but we do not think it unnatural that others should receive from his doctrines the idea that he is a materialist. This sentence which we select, because we happen first to notice it, will convey this impression, as do many others. "Those general ideas that are found all over the world, among all races of mankind, whatever may be the climate in which they live, their social condition, or religious opinions —ideas of what is good and evil, of virtue, of the efficacy of penance and of prayer, of rewards and punishments, and of another world: these, from the uniformity of their existence in all ages and in all places, must be imputed to the stamp that has been put upon our central organization." p. 544. This seems to us materialistic, and cannot be approved by us, though we have no idea that the author believes himself to be of that school.

In appreciation of the book, we should say that every thorough student of our science should read it, for it opens many interesting topics, and charms by its style, when it does not convince by its argument. It sets forth the chemical view of physiology very ably, and is, on that account, also of interest. But to beginners, and especially to those out of the profession who are studying in some measure into this delightful branch of knowledge, it seems to us an unsafe guide.

Its very fascination of style makes it more enticing to the young, who will not appreciate, or will fail to percieve the fallacy of its arguments on some of the most important topics.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

[Reported for the MONTHLY by T. G. THOMAS, M.D., Secretary pro tem.]

Dr. Clark presented a small *tumor*, about the size of a bean, which had been removed from the base of the brain, under the corpus striatum, near the crus cerebri, in the *autopsy* of a patient, the history of whose case was as follows :

The patient was a physician of this city, aged about sixty years, of temperate habits, and of general good health. He had, for some time, been saddened by domestic troubles, and for a short period previously had appeared rather more feeble than usual, though nothing which could be regarded as symptomatic of his disease appears to have been noticed.

About a month before his last illness, he had complained of vertigo and strange feelings about the head, which however soon passed off, and he continued well up to a fortnight before his death : at this time, when in church, he suddenly felt badly, and suffered very much from a pain in the side.

Nothing more is known of him until the afternoon preceding his last sickness, when the sexton met him in the street, and observed that he appeared to be ill, and spoke with some difficulty. At 5 P. M. he accepted, however, an invitation to take tea with one of his friends. Upon arriving at his friend's residence, the lady of the house observed, upon addressing him, that he could not speak, and as no gentleman was present, she insisted upon attending him home.

Without speaking, though evidently retaining his consciousness, he walked with her until he arrived at his door, when he muttered unintelligibly, and ascended the stairs. Arrived at the door of his apartment, he felt in his pocket for the key, opened the door, and while in the act of reaching out for a chair, sank senseless upon the floor.

Dr. Sabine was at once sent for, and thus continued the account of the case after it came under his notice :—At 10 P. M. he found the patient lying in bed, apparently quite unconscious ; his breathing was stertorous, pulse 96 to the minute, head hot, skin natural, and left pupil dilated. On the right side of the body and face convulsions occurred every 10 or 15 minutes. The left side was apparently paralyzed, and when the limbs of that side were lifted, they dropped powerless ;—this side had been, likewise, convulsed, but the action there soon ceased.

The doctor now prescribed Croton oil and an enema. On the next day, the pulse was found the same, the left side susceptible of imperfect motion, and when spoken to, the patient appeared conscious. He continued thus until the Sunday following, when his pulse became 140, skin cool, and death soon occurred.

At a *post mortem examination*, the arachnoid membrane was found puffed up by serum, and dotted here and there with small spots of fibrin ; the sulci of the brain were very deep, and under the corpus striatum of the right side, the little tumor which drew forth this history, was found. The microscope revealed, in this tumor, two envelopes, the outer one fibrous and the inner granular. Within these envelopes were found fat, hæmatoidine, and cholesterine. This granular envelope belongs only to hydatid growths, and though in this one no ecchinococci were found, *Dr. Clark* still regards it to be of that nature.

This case, remarked *Dr. Clark*, is very instructive in one particular ;—here we have a patient showing symptoms of apoplexy, and upon examining the brain, find, instead of a clot, a small tumor, with evidences of meningitis, without softening, or other lesion. The only symptom which would have led an observer to a diagnosis, other than apoplexy, was the existence of convulsions. About a year ago he was asked in court the following question : "Do convulsions occur in apoplexy ?" and he replied that in uncomplicated apoplexy they were extremely rare. This case goes to prove the position which he then advanced.

Dr. Clark then showed a *brain*, in which an *apoplectic clot* had occurred, and which demonstrated a point directly contrary to the one set forth by the last specimen.

The patient, a strong man of forty-three years of age, entered Bellevue Hospital with delirium tremens. Nothing peculiar was noticed about him, except that he seemed slow in his mental operations, and passed his fæces in bed ; there was no paralysis or other symptom leading to a suspicion of apoplexy. On the third day after admission, his symptoms had all improved, his fæces were passed at will, appetite was better, and general condition much more promising. On that night, however, the house physician was hastily summoned to him, and found the flexors rigid, and a laryngeal rattle existing; he could not be roused, and appeared unconscious. He continued thus until the occurrence of death, which soon followed.

Post mortem examination revealed the following condition: The dura mater was lifted up by 2 or 3 ounces of blood, half coagulated, which was effused under its parietal portion, and extended downwards nearly to the foramen magnum. The membrane being removed, two apoplectic cysts were found in the upper, and three in the lower part of the brain, and it was due to the rupture of one of these, that the blood was effused. Besides these, two or three smaller ones existed in other parts of the brain.

These two cases, remarked the exhibitor, show how obscure and difficult a diagnosis often is in these cases;—in the first, where no clot existed, apoplexy could have been easily diagnosticated,—while in the second, where the effusion was so abundant, a correct diagnosis would have been difficult, as almost all the symptoms of such a state were absent.

Dr. Finnell showed the stomach of a man who had been recently beaten to death; it was congested by one-half a pint of brandy, which he had drank just before. The heart in this case was fatty.

Dr. T. C. Finnell then showed a *colon*, which was perforated near the cœcum, so as to admit fæces into the peritoneal cavity. The accident occurred in a Chinese sailor, who, with his brother, had been treated at Quarantine hospital for some time for dysentery. They had both got better and come to the city, where they soon after died very suddenly, and without warning. An examination was made of one of the bodies, and the lesion above detailed found.

Dr. Finnell also presented the *mammæ* of a girl, aged twenty-two years, which had been removed at St. Vincent's Hospital, after having existed for two years. They had been examined by the microscope by *Dr. J. W. S. Gouley*, and found to contain mother cells, nucleated and non-nucleated cells, fat, and exudation corpuscles; in one, fibrous tissue evidently predominated.

Dr. Finnell then showed a *heart ruptured* on the left side. *Dr. Clark* remarked that rupture on the left side was rare. *Dr. Markoe* showed a specimen, illustrating the condition of joints in a state of *luxation* for a length of time. In this, which had existed for years, the humerus was thrown forward for three-fourths of an inch, and played on the coronoid process. The heads of the bones had thrown out osseous exudation, so as to change their natural forms, and would thus very probably mislead in an examination. The surgeon, he remarked, is often called upon to decide concerning such cases, for judicial purposes ; and the facts set forth may be of value in that light.

Dr. Ayres showed for *Dr. Turner* a part of the body of the lower jaw, to which was attached a *malignant tumor.*

Dr. Ayres then showed the lower part of the thigh, and the upper part of the leg, which was affected by cancerous disease, which had called for amputation by *Dr. Ingraham.*

Dr. Henschel presented an hypertrophied heart, with ossific deposit on the aortic valve, and fat on the pericardium ; the organ reached from the second to the seventh rib. The murmur during life, thus produced, was always single ; no dropsy existed.

Dr. Post showed *necrosis* from the tibia, about six inches long, which he removed, without cutting the involucrum, from a child six years old.

Dr. Gouley exhibited for *Dr. Stephen Smith* a *bladder ruptured* near the bas fond, and again on the right side. A brief history of this case is as follows :

Mr. G., a native of Ireland, aged 45 years, an intemperate man. After a debauch, found him on the morning of Thursday, Nov. 6, lying in a shed, suffering great pain, and referred to hypogastric region. Here was a large, rounded tumor, dull on percussion. Supposing it a distended bladder, a catheter was introduced ; but two or three ounces of highly colored urine were obtained, without any diminution of the tumor or of the pain. On inquiry, learned that a catheter had been introduced the evening before, without effect. His pulse was quick, but of good strength, and compressible ; the countenance was anxious, tongue reddish, and rather dry ; vomiting of all ingesta was reported.

It was decided to be a case of rupture of the urinary bladder, the lesion being in the upper portion into the cellular tissue. As there was no evidence of stricture, direct violence was assigned as the cause, the marks of which must be sub-cutaneous.

Free incisions were made to relieve the tension, and stimulants administered. His bowels moved several times, and urine escaped from the penis. He continued to sink, and died twelve hours after admission.

Autopsy ten hours after death.—On making an incision of the abdominal walls, from the ensiform cartilage downwards, nothing abnormal was observed, until it extended to the umbilicus, where slight adhesions of the peritoneum to the intestines appeared. Just below this point the sub-cutaneous tissues began to have an ecchymosed appearance, and thence to the pubes, marks of severe contusions were striking. A bloody fluid escaped freely, having a strong urinous odor. The viscera of the lower portion of the abdominal and pelvic cavity were slightly agglutinated, and of a dark mahogany appearance. But a small quantity of fluid was found in the abdomen, dark in color, and having no odor of urine.

The bladder was carefully removed, and on making a section of its walls, a rupture was seen in the right upper and posterior portion, three-fourths of an inch in diameter, into the cellular tissue. The bladder was contracted to the dimensions of the fist, and its mucous membrane exhibited a number of excchymosed points.

November 26th. *Dr. Enos* presented a *fibrous polypus*, which had been removed from the posterior nares of a boy, aged 17 years, who two years ago had had a larger one removed from the same position in the nostril of the other side. Two curious circumstances connected with this case were these ; while each of these tumors was growing the boy snored very much, and at night while sleeping passed his urine in bed ; as soon as the tumors were excised both these things ceased.

Dr. Hutchinson presented a portion of a *placenta*, which had been discharged by a female four months subsequent to abortion : hæmorrhage had continued to torment the woman from the time of the accident until the discharge of the placenta. *Dr. Dalton* had examined it with the microscope and found it to be fatty.

Dr. Hutchinson then presented *two uteri* having *fibrous tumors ;* to the upper part of one was attached a pediculated tumor, and in the substance of the other existed a fibrous tumor.

Dr. Clark presented an *aneurismal sac* removed in the post mortem examination of a hospital patient whose history is as follows :

When admitted to Bellevue Hospital he was found to suffer from excruciating pain in the back, but no tenderness existed in the painful part from pressure, and no tumor was there observable. Upon placing the hand on the abdomen, however, a pulsating tumor about the size of the two fists was found, with a prominent point to the right of the median line, which could be slightly reduced by pressure ; expansive pulsation was marked, auscultation of it yielded in its upper part a single murmur, and in the lower a double, one with its filling and one with its emptying. The only treatment resorted to was the use of anodynes. One day, after sitting up for ten or fifteen minutes he went to his bed, and after fifteen minutes the patient next to him heard him moan, examined him at once and supposed that he was dead. The house physician came to him immediately and found him dead.

In making the *post mortem examination* as the cartilages of the ribs were cut through there poured out a quantity of yellowish looking serum, like that found in pleuritic effusion ; upon fully opening the thoracic cavity there was found within it a clot of blood weighing four lbs. ten ozs., and the fluid above described was the watery portion separated from this clot. The amount of blood effused within the chest amounted probably to eight lbs. The aneurism had opened into the tissue behind the peritoneum, and its contents passing partly downwards had caused a tumor in the left iliac fossa. About one and a half pounds of blood had remained behind in the peritoneum, and the amount already stated passed into the thorax. Beginning at the diaphragm and extending downwards for five inches was found the aneurismal tumor shown to the Society. The arteries, as usual in such cases, were atheromatous. The age of the patient was about 40 years.

Dr. Barker presented the *neck* of the *uterus* removed by amputation for a *cauliflower excrescence,* which was seen attached to it. The patient, a woman aged 31 years, mother of three children, the youngest of whom was one year old, had suffered since her last confinement from constant leucorrhœa and hæmorrhage, which weakened her very much. The discharge at the time the Doctor saw her was offensive, the pulse 100 per minute and the patient exhausted. In spite of the unfavorable prognosis which the Doctor gave, she desired to have the diseased part amputated as her last hope, and it was accordingly performed. She has since been convalescing, and is now in a fair way of recovery.

Dr. Barker then presented the *uterus* of a woman who had been killed by a railroad accident ; it was congested, enlarged, and contained in its walls six fibrous tumors, and in its posterior wall a calcareous deposit. The ovaries were much congested.

Dr. Ayres presented the *arm* of a gentlemen aged 35 years, the bone of which had sustained a compound comminuted fracture from the discharge of a gun loaded with duck shot, the charge of which he had received in the posterior part of the member. At the time of the injury some physicians had bound up the arm and sent the patient home, a distance of thirty miles. When Dr. Ayres saw him the forearm was cold and without pulsation, the hand œdematous and livid, and febrile excitement existed. He thought it best to postpone amputation, which he did until the sixteenth day, when a profuse hæmorrhage from the wound called for its immediate performance. Upon examining the part after amputation the artery was found obliterated, the bone fractured as above mentioned, and the nerves nearly uninjured. He could account for the absence of sensation which was noticed, only by the firm compression to which the part had been subjected.

Dr. Wood had seen the patient four days after the accident, when he found the fingers warm, (though they got cold at intervals,) but could detect no pulsation. He is of opinion that the hæmorrhage on the sixteenth day arose from profuse suppurative inflammation, and that if this had not occurred the part might have been saved.

Dr. George T. Elliott presented an *ovarian cyst* found in the right ovary of a dissecting room subject, which contained a mass of fat and one incisor tooth.

Dr. Elliott then presented the *heart* of a *child* which had died of *cyanosis* on the eleventh day. The foramen ovale and ductus arteriosus were perfectly open.

Dr. Elliott then presented a portion of a *spinal cord* affected by *softening*, of which a history was given.

Aged 29 ; born in Ohio ; entered Bellevue Hospital September 1st, 1856, with paraplegia. The symptoms had been preceded by severe pain in the back, and had been coming on for ten days previous to admission. She still retained some control over her lower limbs, though she entirely lost it before the expiration of the week ; and, till within a few days of her death, she could raise herself in bed, and move her arms. Expression of countenance haggard and anxious.

She had been ptyalized before admission. No tenderness on pressure over the spine ; pulse full ; no appetite, but would eat freely when urged. Urine and fæces passed involuntarily, but no diarrhœa.

Two days afterwards there was tenderness over the loins, for which she was cupped, and when the condition of her mouth had improved, some small doses of calomel were given, followed by the iodide of potassium.

Some ten days before her death her breathing became more and more thoracic, and if disturbed regained its rythm with difficulty. Drowsiness was then also noticeable, and when awakened the patient would start in a frightened manner. Cramps and pains in the legs much complained of, for the which relief was sought in frequent change of posture.

September 17th. *Dr. Metcalfe* recommended strong counter irritation to the spine, and the actual cautery was applied to the upper part of the dorsal region. It scarcely occasioned pain, and was not followed by inflammation.

19th. Died quietly during the night.

20th. *Post mortem.* Brain apparently healthy. Sub-arachnoid fluid in excess. Rigor mortis not well marked. Membranes of the spinal cord healthy. At about the 3d or 4th dorsal vertabra the cord seemed somewhat soft to the touch, and under the microscope displayed numbers of oil globules which did not appear in other portions examined. No exudation corpuscles.

Thorax. Heart healthy. No pleural adhesions. Upper part of left lung filled with tubercles, and containing a cavity the size of an almond. Right lung healthy.

Abdomen. All the organs healthy with the exceptions of the ileum and cœcum, which were the seat of tubercular ulceration with evidences of peritoneal inflammation, while under the peritoneum in sites corresponding with the ulceration, small hard granules were *situated*, displaying a fibrous structure under the microscope. Colon filled with fæcal matter.

Dr. Wood presented for *Dr. J. W. Warner*,

The intestines of a patient who had died from *abscess* of the *vermiform appendage* communicating with cœcal abscess behind the peritoneum and with the colon by another opening.

The pus contained in this abscess had been discharged externally by an opening made midway between the pubis and the anterior superior spinous process of the ilium, and it was by the profuse discharge thus taking place that death was produced.

Dr. Van Buren presented a mass of serous cysts, originally double the size of the closed fist, which he had recently removed from the side and root of the neck of a boy 14 years of age. The case presented some unusual features.

Shortly after his birth, according to his mother's account, he had a soft tumor as large as a pigeon's egg behind the left ear, which was cured, by the family physician, by puncture and injection. At eight years of age he had a similar development, which was arrested in its growth by means equally simple. When about 11 years old he first came under Dr. Van Buren's care, with a tumor consisting of a single serous cyst as large as a hen's egg, over and just behind the middle of the sterno-mastoid muscle. This was cured promptly by a seton. Two years afterwards, however, the disease was reproduced, and this tumor, in addition to a portion which fluctuated distinctly, seemed to consist of a more solid and larger portion beneath. The seton was again employed, but on this occasion it did not succeed ; the apparently solid portion of the mass continued slowly to increase ; it presented a nodulated character, and some of the nodules fluctuated obscurely, whilst others seemed to be solid. The mass continued to extend slowly forwards beneath the sterno-mastoid muscle as far as the median line, upwards to the mastoid process, downwards below the clavicle, and backwards beneath the trapezius muscle.

As the boy's health was otherwise robust, although the diagnosis of the tumor was not clearly made out, and a suspicion of malignancy could not be avoided, Dr. Van Buren advised its removal, and on the 18th of October, extirpated the mass. Beneath the trapezius it was found to extend downward and outward as far as the spine of the scapula. The mass was entirely removed, partly by enucleation, and partly by dissection. The patient made a good recovery, and is now perfectly well. The diseased mass was found to consist entirely of a collection of simple serous cysts, 28 in number, and varying in size from a buck-shot to a pigeon's egg. Their walls were very thin, and structureless ; and their contents uniformly consisted of a limpid serous fluid, coagulating promptly by heat and nitric acid. The cysts were connected together by delicate areolar tissue, in which the whole mass was developed, and there was no solid material whatever associated with them.

In surgical language, this tumor may be characterized as an *encysted hydrocele of the neck.* In its pathological nature it is evidently an aggregation of simple barren cysts, developed in the areolar tissue of the neck, and most probably originating in abnormal cell-growth. Tumors of this character are rare, and difficult to distinguish before their removal, from malignant growths associated with accidental cysts of irregular development. The almost congenital character, and the persistence of the disease, in this case, gives some color to the suspicions expressed by certain pathologists that it is allied in its nature to some of the rarer varieties of *nævus maternus.*

Dr. Willard Parker presented a *testicle* removed for disease which was probably cancerous. The testicle was indurated ; cord not involved. *Dr. Clark* had examined it with the microscope and had failed to discover any thing more than blood and amorphous particles. His examination had not been completed, however, and from its general aspect he thought it resembled very much Fungus Hæmatodes. The mother of this man had suffered from cancer of lip, and her sister of cancer of the breast. He was a farmer, enjoyed very good general health, and had one child ; of late he had had no desire for sexual intercourse. The disease was not caused by any external injury, and caused him no pain except after walking.

SELECTIONS.

Mental Labor ; Its Effects on the Blood. Read before the Medical Society of London, November 29th, 1856. By Theophilus Thompson, M.D., F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest, &c.

The progress of civilization, notwithstanding the incalculable benefits with which it is attended, nevertheless involves many countervailing evils ; but it is impossible to direct much thoughtful observation to the present condition of the world, without being impressed with the conviction that, amongst the causes of disappointment associated with modern advancement, there are some which are not necessarily irremediable. Among the subjects for inquiry intimately related to this topic, there are few which are more likely to reward investigation than those which regard the reciprocal influence of mental and physical conditions.

The invention of printing, by the aid of which civilization has been preëminently promoted, in giving permanence to acquired knowledge, has so raised the general standard of attainment and taste, that distinction in the walks of literature or science can rarely be attained, excepting by an amount of assiduous labor such as can be endured only by individuals whose constitutions are distinguished by a peculiar combination of physical and intellectual energy. As the number of aspirants to distinction multiplies, sympathy becomes more intense, taste more fastidious, competition more keen, and the craving for intellectual enjoyment increasing with the means for its gratification, an honorable association with the highly-cultivated classes of society cannot be maintained without considerable mental effort. The struggle for eminence in any department of intellectual labor involves a concentration of mind on the special suject, which, if long protracted, is particularly calculated to induce disorder.

The tendency to such concentration, increased by habit, becoming in some individuals almost irresistible, proves seriously detrimental to the mental and bodily health.

Whether the continnous exertion of one faculty acts unfavorably by withdrawing the circulating fluid from other organs, and so disturbing the healthy balance, or whether excessive action of a particular faculty exhausts some special material of the blood, is a question which cannot, perhaps, in the present state of our knowledge, be positively determined ; but instances of morbid condition thus induced are continually presenting themselves to the physician.

Intellectual, like muscular action, probably involves an expenditure of living material, and introduces a changing series of particles —those which have been used giving place to others, which come with the energy of new life to perpetuate the action. There may be decay from stagnation—there may be waste from persistency, undue haste or intensity, especially in creative efforts. It is only when the function is performed in a calm and equable manner that the equilibrium of expenditure and supply is maintained, and that power is preserved and increased.

Not long since an account-keeper from a large public establishment, where he had been accustomed to work without intermission twelve hours daily, came to my consulting-room almost in tears, saying he was fit for nothing, feeling as though cut off from everything, and as if, when he attempted to fix his attention on any subject, some indescribable influence drew it away—a distressing sensation in the chest, and tingling of skin, as though the bed was full of fleas, often keeping him awake ; and his sleep disturbed by frightful dreams. His height was 5 feet 5 inches ; weight 129 lbs. ; appetite good ; tongue natural ; bowels regular ; urine slightly acid, of good color, its specific gravity 1025, containing a very few small oxalate of lime crystals, and scanty lithates. Pulse 88, not strong ; skin moist. There was a strong continuous venous hum in both jugular veins, heard the more distinctly on checking respiration, but not overpowering the sound of the arterial pulse. When he cuts himself in shaving, the blood flows freely, and is with difficulty stanched. Under the microscope, a remarkably small number of pale-colored corpuscles in proportion to the red discs, was observable —a peculiarity which has repeatedly arrested my attention in cases associated with venous murmur, remarkably contrasting in this respect with the condition of blood ordinarily present in pulmonary consumption. Assuming that the relative proportion of pale corpuscles to the red is in phthisis one in ten, in healthy individuals one in fifty, the blood of patients belonging to the class under consideration has appeared to me to exhibit a proportion of about one in two hundred. I am inclined to suspect that this peculiarity is associated with deficient quantity of fibrin—a condition the reverse of that which usually obtains amongst consumptive individuals. But observations require to be extensively multiplied before we can safely venture in this matter to propound a rule.

Some of the evils briefly noticed in my preliminary remarks press with peculiar force on the clergy. Often beginning life with anxious competition for university honors, they pass at an early period of their career into responsible duty, debarred by conventional rules from many innocent recreations, subjected to unusual restraint of demeanor, restricted to intellectual pursuits which overtax particular faculties, to the comparative neglect of others, and exposed in more than the average degree to the wear of sympathy, it is not surprising that the younger clergy, before their constitutions are consolidated, become so often the subjects of bodily infirmity, their nervous system unduly susceptible, and their minds too easily accessible to the delusions of pseudo-science and quackery.

A popular clergyman, of active sensitive mind, aged forty-three, but from his grey hair and general aspect likely to be considered fifty, had been, since he left the university, affected in a great degree with sleeplessness ; often for weeks together not sleeping at night more than two hours. He could not refer this inaptitude for sleep to any physical cause. The alvine and renal evacuations were natural, and muscular strength good ; but the pulse was rather weak ; there was a marked murmur in the right jugular vein, and he complained of deficient intellectual power as respected the suggestion of ideas. I prescribed cod liver oil, and nitro-hydrochloric acid. The pulse improved, and in three weeks his average sleep was five hours a night. I then administered phosphate of iron, with phosphoric acid. In two or three months he recovered a fair degree of health, the venous murmur was scarcely audible, and the sleepless nights and feeling of mental sterility occurred only occasionally after extra efforts of composition.

In the Summer of 1855, after anxiety connected with schools, and claims on his sympathy in consequence of affliction among friends, a relapse occurred. I sent him to the country with injunctions to avoid as much as possible the society of civilized man. He at first gained little ground, being much engaged in discussion with intelligent acquaintances ; but on removing to a more secluded spot to vegetate in the open air, his powers of sleep and composition returned.

The nature of ordinary cases of the kind referred to, may be illustrated by reference to those of an extreme character : a sudden shock to the nervous sytem, whether physical or mental, tending to induce conditions more severe in degree but analogous in nature to those resulting from the slighter, but more continuous series of shocks produced by the wear of anxious intellectual effort and disturbed sympathy.

A few years since, an express train on its way to meet the Queen, ran into another, and many of the passengers were injured. A lady, aged 33, had her head severely wounded, the scalp laid bare, one ear nearly cut off, the teeth knocked in ; Mr. Bransby Cooper, who attended her, said she must have had an unparalleled constitution not to have sunk. There was no great loss of blood, but she suffered for some time after the accident from hysterical cough, and inability, as she said, to swallow except by sips—became thin and pallid—the heart excessively irritable. These conditions, accompanied with a venous murmur, continued last year, and although materially benefited by the administration of zinc and cod-liver oil, they still continue in a considerable degree. The symptoms in this patient are not fairly referable to loss of blood. Her sister, who suffered from the same catastrophe, lost much more blood ; but her subsequent ailments, although presenting slight analogies, were much less severe, and not accompanied with venous murmur.

I would here present a case illustrative of the effects of brain-shock on the blood, which occurred in the practice of Sir Henry Marsh :—*

" A young and beautiful woman in the middle rank of life, highly but self-educated, of great mental endowment, of admirable taste, and strong sensibility and attachment, was unconsciously the one by whose hand a poisonous dose was administered to her sole surviving parent, to whom she was attached with all the fervor and devotedness of a daughter's love. The phial contained an ounce and a half of laudnaum ; it was given by mistake for a senna draught. When presented to him by his daughter, he tasted it, and said he did not like it, and would not take it. He had not been in good health ; it was with much entreaty he was ever prevailed on to take the medicines prescribed. She urged him in terms the most affectionate and persuasive to take his draught ; he replied, ' Dearest, you know I never can refuse you anything,' and swallowed it. Three hours passed away before she was aware of her terrible mistake. She was aroused to it by the state of stupor into which her father had fallen, when it flashed across her mind. She found the senna draught which she had intended to have given untouched ; she also found the word ' poison ' printed in large letters on the empty phial. The shock to her mind was terrific. She became like one insane. All possible means were employed to save the life of the poisoned man, but they were employed too late. He died profoundly comatose at the end of a few hours. From the moment of his last breath a change came over her. She was lost to all knowledge or notice of persons and occurrences around ; she lay like a statue, pale and motionless. Food she never took, excepting when it was placed upon her tongue. The only sound which escaped her lips was a faint yes or no. When asked what ailed her, she would place her hand upon her heart. Her extremities were cold. She sighed and shivered frequently, and dosed brokenly and protractedly. To her, the world, and all things in it, were a blank. Tonics and stimulants were administered, air and scene were changed, kind and compassionate relatives and friends tried and tried in vain to rouse and console ; she pined away, and nought but a breathing skeleton remained. She lingered on with very little variety or alteration of symptoms for ten months. Before her dissolution she became œdematous. The swelling, soft and transparent, was first perceived in the lower extremities, but gradually progressed upwards. It became apparent on the backs of the hands, along the arms, and ultimately it was universal. All the viscera, spinal, cerebral, thoracic, and abdominal, were patiently and minutely examined. No trace of organic change of structure could be detected. There was a copious effusion of thin transparent serum into every cavity—into every serous tissue. The pericardium was separated from the heart by an abundant effusion. The large amount of the dropsical effusion contrasted strangely with the extreme attenuation. In this case, to repress the increasing dropsy, ovipuncture had been several times practised, always with relieving effect ; even with this deduction, the viscera appeared as it were bathed in water. This poor patient, beaten down in mind and body, breathed her last without a moan or a painful struggle. The mental shock had paralyzed the vital actions, an evidence that, in real life, events do occur which transcend even the highest flights of fiction. An almost total suspension of nutrition, sanguification, and vascular energy characterized this case. The result was universal dropsy consisting in the thinnest serosity."

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* Dublin Quarterly Journal of Medicine, August 1st, 1853, p. 1.

I have known an engraver, after working long and successfully on cathedral drawings, unable to sleep soundly on account of being haunted with architectural lines ; but he went out for a walk among the mountains, recovered his capability of sleeping, and came back home "hard as nails."

Another engraver, (whom I attended,) anxiously and continuously engaged in the same department of work, in which he had greatly distinguished himself, became unable to recognize his own house.

A similar impairment of memory, accompanied as in the preceding instances with venous murmur, I have observed in some benevolent and conscientious individuals inordinately engaged in carrying out some scheme of philanthropy ;—in others associated with mental depression, taking the direction of some unsound or narrow religious dogma ;—and in professional men, worn with the stir and anxiety of life. In all such instances, measures calculated to enrich the blood have proved an important auxiliary to those which have respected mere change of scene and occupation.

The instances specially present to my mind in making this communication are not remarkable for any impairment of digestive function, and the attendant impoverishment of blood seems to be a result of nervous exhaustion. The somewhat pallid cheeks, the languid eye, the venous murmur, are in harmony with the intellectual manifestations,—in some sleeplessness,—in some inertness. The original writer complaining of a peculiar sterility of mind, and the close reasoner becoming fragmentary and unconnected in his trains of thought.

In all the conditions referred to there is a general analogy, but the special manifestations vary with the temperament of the individual patient. In the active and the sanguine, for example, sleeplessness is common, and a more than ordinary readiness to adopt any fashionable heresy in pseudo-science or theology. In persons of a more phlegmatic disposition there is induced great indisposition for exertion, a gloomy view of events, and perhaps a desponding estimate of their religious condition. When, as usually happens, duodenal indigestion is superadded, habitual depression of spirits is common, and oxalate of lime crystals may often be detected in the urine.

The amount of labor which different individuals can bear without such injury as we have described varies. Indeed, the mere amount is only part of the explanation—*anxiety*, *hurry*, and *exclusiveness* of work being more injurious than quantity. Work which is successful, varied, and pursued without hurry, although carried to a considerable extent, may be not only innocuous, but useful and even necessary. Indeed, without some degree of intellectual exercise, the body itself would languish. But there is a limit with every individual which cannot be safely passed ; and it is the part of a wise man to watch, with a view to counteraction, the earliest indications of exhausting effort.

As respects treatment, those measures are most salutary which tend to enrich the blood. Chalybeates are sometimes useful ; but in many instances they tend to increase irritability, and cannot, at least at the commencement, be safely employed. A course of cod-liver oil is seldom inappropriate, and this remedy may often be advantageously administered in combination with nitro-hydrochloric acid, especially when the appetite is defective, or the oxalic acid diathesis is present. To the subject of the importance of the remedial administration of oils, I am anxious to invite particular attention. About eighty years since cod-liver oil was largely employed at Manchester in the treatment of rheumatism, but was, after a time, superseded by other more agreeable medicines. The mode of action of the remedy was not then ascertained, and its proper place as a medical agent was not determined. During the last twelve years the value of this medicine in the treatment of consumption has been established. With the aid of the medical press, observations on its effects by different practitioners have been extended and compared, and we have found reason to conclude that its efficacy in consumption depends not on any specific adaptation to that particular disease, but on qualities which render it of equal or superior service in other disorders presenting points of resemblance as respects some peculiar conditions, of the blood which the administration of the remedy is specially calculated to correct.*

Change of occupation and scene is of paramount importance. When the condition is not one of extreme exhaustion, an energetic tour is desirable ; in the more advanced cases, the disinclination for such an effort being extreme, or the excitability great, such a measure must not be abruptly commenced ; perfect repose for a time may then be expedient, and habits of activity gradually adopted. When intellectual work is resumed, many precautions should be observed. The times, amount, and method should be regulated, and probably even the posture in which mental processes are carried on. Analysis being with many students best effected in the recumbent posture, and composition while walking. The importance of exercise in the open air can scarcely be over-estimated. Indeed, although instances of the class described in this communication occur not unfrequently in persons careful to observe ordinary hygienic precautions, yet there are others in whom an amount of nervous irritability, associated with the other sysmptoms, may be mainly attributed to a neglect of muscular exercise, the special remedy for nervous excitability.

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* *Vide* "Clinical Lectures on Pulmonary Consumption." By Theophilus Thompson, M.D., F.R.S. London. 1854. pp. 67–85.

I have for various reasons expatiated on the class of cases associated with venous murmur, and other signs of anæmia or spanæmia —1st. Because they seem to me to indicate an order of succession in the phenomena not generally recognized, pointing to the conclusion that the brain may sometimes impoverish the blood, before the condition of the other organs disturbs the brain. 2ndly. Because such instances of cerebral exhaustion are those most amenable to treatment. 3rdly. Because the probable hereditary transmissibility of such conditions makes them of incalculable importance to the community.

It is a common remark, that the type of disease at different periods varies. In tracing some past eras of disease (speaking in general terms) we may conclude that the plethoric condition, prevalent in the 17th century, gave place in the 18th to gastric congestion. This condition has now ceased to predominate, and we have perhaps entered on an anæmic era—a state peculiarly unfavorable to the manifestation of power and to the production of great men.

For all classes, but especially for the professional, a prudent regard should be had to the probable production and ready aggravation of the anæmic condition from causes associated with the laws of mind. A different training, physical and intellectual, must be adopted by our clergy, if they are to be kept in the foreground of the domain of thought, and to be suffered to direct those energies of social life which it is our part, as medical men, to cherish.

As respects the application of medical theories, a wider range of thought should be pursued. The modifications of many prevalent diseases may have reference as much to mental states as to hygienic conditions of atmosphere and diet. Every remediable infirmity is a violation of the law of progress. If medicine is to render to the community a full amount of good, it must be not simply in treating the maladies of individual patients, but in ministering to the conditions which disturb the vitality of the race, and, thus whilst improving our appliances for daily work, remembering that we are enlisted in the service of mankind, we may make posterity our debtors.—*Psychological Journal.*

HOSPITAL REPORTS.

Bellevue Hospital.

February 7th. The operation of trephining was to-day performed before the Class, by Dr. Wood, on a young woman, in the history of whose case the following are a few of the more prominent facts :—She received, two years since, a blow on the left side of the head, producing depression of the outer table. Since then she has been subject to epileptic seizures, at intervals of six months, and has been affected with a rigid contraction of the flexors of the left arm, and a corresponding condition, though not to the same extent, of the leg of the same side ; is nervous and somewhat despondent. The remarkable feature of the case is the affection of the arm on the same side as the injury. On removal of the circular piece of the calvarium, containing the principal part of the depression, its under surface was found not depressed, but somewhat roughened ; while the dura mater was thickened, roughened, and strongly adherent to the bone at that point. Dr. Wood, without removing any portion of the membrane, stripped it off from its adhesions, to some distance, on every side of the opening. A few days after the operation, peculiar anomalous symptoms occurred, which were considered by the House Surgeon, Dr. Pope, to be hysterical. They consisted in a convulsion, followed by paralysis of the right arm, and inability to speak. She is now doing well ; these peculiar symptoms passed off in a few days ; the expression of the face is more cheerful and intelligent, and the muscular rigidity less marked.

A remarkable gun-shot wound of the perineum, was then exhibited to the Class, the result of the accidental discharge from a pistol, in the hands of another, at a very slight distance, of several slugs, striking the individual while in a stooping posture. The neck of the bladder was found to be torn completely off. The finger, introduced at the wound, passed directly forwards, without obstacle, until it touched the pubis laid quite bare. A catheter passed through the urethra, came out into the cavity, where its point was felt by the finger. The external opening, which completely obliterated the anus, was some four inches in diameter and very jagged. The wound was stuffed with lint to check the hæmorrhage, and symptoms of local peritonitis combatted by opium given to toleration. The boy survived the accident a few days only. The autopsy showed a complete conglomeration of the pelvic organs, which were glued together in one confused mass of gangrenous inflammation. But the most remarkable feature of the case was the complete barrier which nature had set up to stay the progress of the disease up the abdominal cavity. A complete septum of inflammatory adhesion, strong and impervious, separated the parts below the plane of the crest of the ilium from those above. Below this *second diaphragm* all was confusion, gangrene, putrefaction ; above, the appearances of the viscera were almost entirely normal. This process of self-defence is, in the opinion of Drs. Clark and Wood, peculiar to traumatic peritonitis, not being observed in the idiopathic type of the disease.

Dr. Wood's operative lectures, in the Theatre of the Pathological building, are concluded for the season; the last, on February 21st, having been on the operations for the extraction of Urinary Calculus. They have comprised quite a thorough course of Demonstrative Surgery, and have been valuable to the students of this session. The situation of the Hospital, and the abundant supply of material which it offers for a course on Pathological Anatomy, render it peculiarly available for students. In connection with the Academic instruction of our several Schools, the regular and systematic clinical instruction in this and the other Hospitals of our city, gives greater facilities to a thorough and complete medical education than can be elsewhere obtained in this country.

The effects of a sudden and considerable rise of temperature, in the production and aggravation of disease, of a peculiar kind, have been remarkably displayed in this Hospital during the past two months. In the latter part of January, succeeding a period of almost unparalleled cold, came that long spell of warm, damp, close, foggy weather. This change had scarcely set in, when, one after another, as the women were delivered—these wards having been previously perfectly healthy—they began to develop, one pelvic cellulitis, another peritonitis, another ovaritis, another metritis, all of the asthenic type, and with an early tendency to gangrene or suppuration ; while scarce one escaped without a threatening, at least, of those terrible torments of nursing women, sore nipples, or mammary abscess. Indeed, so well established did this state of things become, that a pulse of one hundred and twenty and a flushed cheek were looked for as matters of course on the morning after confinement, and the pleasant, soft pulse, and cool skin of the physiological recovery, were luxuries, which the attendant physicians dwelt lovingly and long upon, when, at long intervals, they presented themselves. These cases, notwithstanding that they bore the outward semblance of inflammations, were yet, in their mode of progression, constitutional effects, and indications for treatment so different from the ordinary phlegmasiae, as to lead Dr. Barker to announce his belief in the specific character of these diseases ;—that the quasi-inflammatory processes taken on by these organs were, in reality, the results of the action of a poison infused into them through the blood, and stirring up its peculiar excitement wherever it found the proper amount of combined irritation and exhaustion to insure it a nidus; just as the typhoid poison awakens its deceptive pseudo-inflammations in the brain, the lungs, the intestines. "Treat these cases," said he, "as idiopathic inflammations, and you must inevitably kill your patients." Most of these cases were treated successfully, by early local derivation or depletion, followed or even accompanied by profuse general stimulation. Three, however, terminated fatally; two by suppuration into the pelvic cavity and purulent absorption, in one of which a large number of abscesses, from the size of a walnut down, were found in the lungs; and one by gangrene of the cervix, extending to the mucous membrane of the body, and involving, to a slight extent, the posterior walls. One case of metrophlebitis, which came on with great violence very shortly after confinement, was treated with eminent success by veratrum viride. The treatment was begun with the pulse at one hundred and forty and upwards, which, in the course of five hours, (ten drops of the tincture having been administered every hour,) was reduced to sixty, and was not allowed to rise above eighty during the entire course of the disease, a period of six days, and during which no other remedies were used. At times a single drop of the remedy seemed amply sufficient to control the pulse, already reduced, and at the same time the frequency of the respiration was decidedly diminished.

The sore nipples, which appeared under three distinct forms, pointed out to the Class, as differing equally in their pathology, causes, and modes of treatment, yielded generally to the following method of cure: Whatever the form, if decided inflammatory action was going on around it, this was first subdued by an emollient poultice. If then the case was one of *fissure* around the *base* of the nipple, this was carefully cleansed, and touched with a solution of arg. nitrat. (gr. x to aq. ℥j was usually found to be sufficiently stimulating), and this covered with glycerine, or with tr. benzoin co.; the latter was generally preferred, as forming a cuticle, which, unlike that of collodion, can be dissolved by the secretions of the child's mouth. One such application was in many cases sufficient. If, however, the soreness consisted in a tendency to *ulceration* on the *top* of the nipple, much irritated by the child's nursing, a solution of tannin (gr. v to aq. ℥j), kept constantly applied on a pledges of lint, and washed off before suckling, was generally effective in producing a speedy cure. The third form which presented itself was that of *eczemas*, for which an ointment of ung. aq. rosæ. ℥j, calomelanos ʒj, magnesiæ carb. ℈ij, misce intime,* was prescribed.

The cases of mammary abscess, or rather inflammation, (for the formation of an abscess was generally prevented,) likewise divisible into three classes—*supra-mammary*, between the gland and the skin, readily diagnosticated—*mammary*, in the substance of the glands, more obscure and more dangerous—and *infra-mammary*, between the glands and the walls of the chest,very obscure and tedious in its course, were treated as follows: As soon as symptoms of inflammation began to declare themselves, as constitutional disturbance, local tenderness, weight, distension, hardness, the bowels were put in a soluble condition, the integuments of the breast were made soft and flaccid, (thus diminishing greatly the tension,) by means of fomentations of cere cloth, (composed of beeswax and sweet oil, melted together and spread on cotton,) kept constantly applied, except to the nipple, and by frequent gentle frictions of the organ, from the circumference to the centre, with a warm camphorated oil,—this latter with a view also to inducing absorption, and thus preventing "caking." If the secretion of milk was very abundant and the state of the nipples contra-indicated nursing, in addition to a cautious use of the breast-pump, (Needham's patent, with the elastic nipple-piece, is found to be the only reliable one,) a belladonna plaster was applied to the entire organ, a hole being left for the nipple, or the tincture of belladonna was added to the camphorated oil, which means rarely failed to check it in from one to three days. In two cases where it was considered advisable to dry up the secretion entirely, this was effected by small and frequently repeated doses of the same article, in the form of pills of the extract, internally. But three cases went on to suppuration, and of these one was an anomalous case, occurring three months before confinement.

In the surgical wards, too, the effects of the altered temperature were noticed in a greatly increased amount of erysipelas, which required brandy, iron, and quinine, with opium, pushed to a very high figure, to bring them to a successful termination. Locally evaporating lotions were used, with free incisions, as soon as the formation of pus was suspected.

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* The apothecary should have particular directions to rub these ingredients together very thoroughly, otherwise the ointment will contain small, gritty particles, which will prove a cause of no small irritation.

COLLEGE COMMENCEMENTS.

The Winter lectures in our medical schools have closed, and the classes have taken their departure. Those who received their degrees have gone,—some into practice, some to pursue still further their preliminary education in our hospitals. As is usual, each school has given its congratulations, and its valedictory words to its graduates.

University of New York.

The first to close its session, as it was the first to commence, was the University of New York. The exercises attending the awarding of degrees took place on Wednesday evening, March 4th. The distinguished Emeritus Professor of Surgery, Dr. VALENTINE MOTT, addressed the class upon the responsibilities of the professional life upon which they were about to enter, and the relations of physicians to society. "Ours," said the Professor, "is not an easy or indolent profession ; you will not repose, at least for many years, on a bed of roses. *Hard work, difficulty, danger, unrequited labors,* must long be your lot. The student who devotes himself to city practice, must make up his mind for a long period of city neglect, and guard against the temptations of city life. He who has chosen the country for his future sphere, must prepare to encounter the isolations and hardships of country life. Both will be exposed to danger and disease by day, both will be subject to sleeplessness and turmoil by night. You will often encounter peril and infection while assuaging the diseases of youth and of manhood ; you will perhaps find your labors vain and unrequited, when you are ministering to the afflictions of old age, and poverty, and death.

"But the greater the hardship, the difficulty, and the danger, the greater the honor. Without labor there is no triumph, without perseverance there is no security."

Warning the student not to rely upon that blessed gift of Heaven, —Genius—but to be constant students, imitating the example of those renowned surgeons, Sir Astley Cooper, Dupuytren, Roux, &c.,

who were students to the last, he assured them that they would thus acquire both fame and fortune, neither of which were to be despised.

Passing rapidly in review the great advances in surgery during the last half century ; comparing its position at the time when he entered the profession with its present position ; remarking briefly upon the unsurpassed skill of American surgery of this day, and its anomalous position a half century ago, he paid a passing tribute to some recent improvements in surgical art due to Americans, mentioning among others Dr. Sims' clamp suture, and the discovery of the anæsthetic properties of ether.

Scouting the idea that surgeons must necessarily be callous to pain and distress, he denied that medical men were naturally "materialists." "No !" said he, "we are not. There is no profession which so teaches us to love the beautiful truths and practice of Christianity—there is no profession whose studies, embracing as they do the wonderful organization of the human frame, so teaches us to look up with admiration from Nature to Nature's God.

"Even at the risk," said the venerable professor, "of being tedious, and perhaps of being deemed intrusive, I must say a little more upon this point. The maxims and precepts of Christianity must be the guiding star of your lives. Our lofty profession, above all others, teaches us *to do good*, and in doing this you must be influenced by no sectarian differences. Christians yourselves—and what is of far *more importance, in reality*—you will deport yourselves and administer your aid wholly independent of country or creed ; you will believe that all who have sprung from the same Divine origin, may ultimately share in the same Divine salvation ; you will revere fidelity in every species of faith, *provided the heart be pure, and its oblation sincere.*

"I am now an old man, I have already passed the usual limits of human life. I have already attained the usual span. My career is drawing fast to a close, and in a few short years at utmost, all who now hear me, must be numbered with myself in the dust. But a long posterity then commences—a never ending eternity begins.

"I own I am desirous of being remembered among you, when my own pilgrimage is over. I own that I wish still to evince my regard for that profession to which I have been so long devoted, when I can express that regard no more. With this view, I have instituted *Three Medals* to be annually presented to the three most accomplished students connected with this Institution. It is not all vanity which prompts to this act. My great object is the student's welfare.

"I shall be cheered both *now* and *hereafter* by the thought that I have thus been enabled to show my regard for him. I shall be cheered by the thought that any little distinction, which the possession of this medal shall obtain for him, may enable him more manfully and successfully to contend with the vicissitudes of life. I shall be still more cheered by the thought that perhaps the last words I shall ever utter, in relation to the recollections and associations which this emblem *recalls* and *inspires*, shall enable him to meet his fate with serenity, when, like me, he is preparing for the messenger of Death."

One hundred and twenty young gentlemen received their degrees of Doctor of Medicine, at the close of this session, from the Chancellor of the University. The Three Medals instituted by Dr. Mott were awarded as follows :

The first, or The Gold Medal, to Robert F. Garlin, of New York, for the best anatomical or anatomico-surgical preparation.

The second, or Silver Medal, to William H. Wilson, of New York, for the second best of that description.

The third, or Bronze Medal, to George S. Hardaway, of Georgia, for the best clinical report.

New York Medical College.

The following evening, Thursday, March 5th, diplomas were conferred upon the graduating class at the New York Medical College.

In announcing the degrees, Dr. GREEN, the President of the Faculty, after delivering the Hippocractic oath, made a few pertinent remarks as follows :

"The way to distinction," said he, "now lays open before you, gentlemen, and there is not a surer way, or a higher or nobler pursuit, than that upon which you are now commissioned to enter. But let me impress it upon you, gentlemen, to remember, that *mediocrity* even in our profession, much more *distinction*, cannot be attained, at the present day, without the most persevering industry, the most unwearied assiduity.

To 'heal the sick,' is to fulfil a Divine commission ; and as you go forth into the world, and assume the responsibilities of your profession, forget not that 'the pursuit of knowledge is the task of life,' and that, unless you do your utmost to improve yourselves still farther in this your chosen branch of science, you will neglect the high trust which Providence has committed to your care ! Let your earnestness of purpose, and your devotion to your calling, be known of all men. Remember, that the best way in the world for a man to *seem* to be anything, is *really to be* what he would seem to be. ‘ Once establish yourself,’ says a distinguished statesman of our day, ‘ Once establish yourself, and your mode of life as what they really are, and your foot is on solid ground, whether for the gradual step onward or for the sudden spring over a precipice. Learn to say ‘ No,’ with decision, ‘ Yes,’ with caution. No, with decision, whenever it resists temptation, Yes, with caution, whenever it implies a promise ; a promise once given is a bond inviolable.’ ”

The address was given by Dr. Timothy Childs, the recently appointed Professor of Anatomy in this institution.

“ His object,” he said, “ on this occasion would be two-fold. 1st. To premise a hasty enumeration of a few of the *mile-stones* of medical progress thus far ; and 2d. To advert to some of the *scientific dangers* to which he conceived graduates were exposed on entering the profession in its present transition state. He would not go back as far as Hippocrates, of whom one of his translators has wittily said, we say much and know little, but beginning with the 17th century, the lecturer ran rapidly over the leading features of that century, mentioning the great names—those lighthouses in the pathway of science—whose genius illuminated the darkness of that era, and the brilliancy of whose immortal truths reach even to the present day—a line of light enduring till all time. Fabricius, the discoverer of the valves in the veins ; Harvey, his pupil, in name synonymous with the circulation of the blood : Aselius, who discovered the lacteals, and numerous others who added glory to the 17th century. In the 18th century were found Haller, Swammerdam, Priestly, Lavoisier, Hunter, Spallanzani, Chesselden, Potts, the Bells, Bichat, Dessaux, and a crowd of worthies whose names are familiar to all students.

“ The lecturer found the present century so rich in facts and in noble names, that he despaired of enumerating them, so passed on to the second and principal topic—The scientific dangers besetting graduates.

“ ‘ Medicine,’ said he, ‘ ever improves, but it improves slowly. Eager minds are not content to labor and to wait, and tread slowly and painfully the toilsome path of induction. Perfect systems of medicine are started, which boldly challenge your acceptance. At the extreme right we have the exclusives of the school of observation, with their “ Procrustean bed ” of the numerical method ; on the left, the followers of the mystic German and his exclusive law.’ The Doctor then reviewed the first of these schools, and gave at length his objections to it.”

This accurate and beautiful method of observation he did not stand up to decry. It was its *abuse*, by insisting on it as the *one* and *exclusive* method in the cultivation of medicine, against which he protested, not against its use. To the other system—the doctrine and practice of exclusive homœopathy—he then turned his attention, reviewing its dogmas with severity. His objections to it were :

1. That it ignores the very existence of the *vis medicatrix naturæ ;* 2. That it ignores all *entities* in disease, and deals only with the subtile vital power ; 3. That it confounds the symptoms with the pathology ; 4. That it ignores the ascertained practical facts of that most common process—inflammation ; and 5. That the diet, enjoined as a means of cure, is, like the rest of the system, fanciful and empirical.

Each of these divisions was illustrated by facts drawn from known and reliable sources.

This institution terminates its Winter labors by graduating thirty young men. The *Van Arcken* prizes for the best Theses, were awarded by the committee through Dr. Frank Tuthill, its chairman ; the first to Nehemiah Nickerson, of Connecticut, for his thesis on "Infantile Paralysis ;" the second to N. E. Thrasher, of Vermont, for his thesis on "The effects of climate and exercise on the quantity and quality of food ;" and the third to John M. Farrington, of New York, for his thesis on "The Psycophysical Relations of Man."

College of Physicians and Surgeons.

The Commencement exercises of this institution took place Thursday evening, March 12. The degrees were conferred upon thirty-seven young gentlemen, by Dr. EDWARD DELAFIELD, Vice President of the College. After this ceremony was completed, Dr. Delafield addressed the members of the class and congratulated them upon having received the honors of their Alma Mater, which authorizes them "to perform all the duties of our *learned*, our *honorable*, our *useful* profession."

"The profession of medicine," continued the Doctor, "has ever been ranked as one of the most *learned;* and if I were to recall to your mind the names of the great physicians who have distinguished themselves in every age, it would abundantly assert its title to this distinction. Let me remind you then, that you have just become members of a body inferior to no other in all the walks of science ; and that if you would be worthy of your association with it,—if you would do your part in sustaining the character it has already held—you too must become learned.

"They had already, in the few years of their student life, discovered how large was the field of labor; they had already become acquainted in a good degree with the different subjects in the curriculum of study; but how much in every one of these still remained for them to learn."

"If now," said the Doctor, "that you have ceased to be students in name, you also abandon the habit of study; if you remain content with just that amount of knowledge which has enabled you to obtain your diploma, you must be little aware of the importance of the vocation you have chosen. A medical man can never cease to be a student, or he will be left behind by the progress of his own science."

The difference between the *acquisition* of knowledge and its *application*, was then pointed out, and it was especially recommended that each one should seek every opportunity to apply those principles which he had been taught, for it was by *use* that would come the facility and confidence of application.

This opportunity was before them in our public charities, if they would not hesitate to prolong their period of student life. "There are not less than sixty young men, recently graduates in medicine, filling stations in our public institutions, and having under their immediate charge large numbers of patients for whom they daily prescribe."

"If then," he continued, "you would become good practitioners of medicine; if you would succeed in the profession of your choice, in acquiring reputation, and the confidence of those who employ you, you must not only thoroughly study the principles of our science and the practice of our art as taught by the best authorities within your reach, but you must for yourselves apply these principles and this art, or see them applied by others upon such an amount of human disease as will give the requisite skill in its diagnosis and treatment."

"You have also become members of an *honorable* profession, and now that you belong to this body, its honor is in your keeping. See that it be kept bright and untarnished; that it suffer no blot nor blemish in your hands. Practice honorably among your patients and they will honor you."

Dr. Delafield then spoke of the relations between members of the profession, and of the facility which existed for one to injure another by word or action, or suspicious look. This had caused certain rules of medical etiquette to be instituted, which should be recollected for the honor of the profession; but the best rule, he said, was the golden rule, of doing to others as we would that they should do to us.

"Again, you have become members of a profession second to none other in its *usefulness*. Every day's experience teaches this. The strong attachment, the enduring affection the good physician acquires in the families who have been long under his care, show this. Do not parents bless him, do not children look up to him with reverence, and do not husbands and wives feel grateful to him for preserving them to each other ?"

In closing his address, the Doctor exhorted the graduates to zeal and determination in the pursuit of their profession, for this would eventually bring success. " But this zeal and determination must be thorough. You must not only be industrious and persévering in your professional pursuits, but you must *love* them. Love your profession and pursue it with the ardor which affection alone inspires, and it will reward you. Ask any man who has reached high eminence in our ranks if he does not prefer his occupation to any other he could have chosen. Ask him whether he would exchange it for any other or enter into the busy walks of trade if he could thereby double his revenue, and he will tell you *no*."

" And if you will burn with the same ardor which actuated him, you too may become eminent ; you too, after a life, it is true, of toil and anxiety, and much perplexity, will close it with the consciousness that you have spent it in doing good to your fellow men, have pursued an honorable career, and that you will have caused your names to live after you."

EDITORIAL AND MISCELLANEOUS.

—No medical man, whose death has been recently noticed, leaves a greater void in the hearts of our people than Dr. Kane. His victories were not chiefly in the department of medicine, and yet medicine was honored by him. It is interesting to notice how, to those who have read his books (and their number is very large), his death is a personal loss. His modesty of narrative, his bravery in action, his energy and his constant labors to discover the lost Franklin, each and all have called forth such sentiments as might gratify the desires of the most ambitious. It is, therefore, a proud thing for us to claim him as a fellow-disciple of Hippocrates.

Naturally there has been a great desire to know the particulars of his last illness, of which nothing could be judged from the newspaper reports which constantly reached us. Our friend Dr. F. S. Ainsworth, of Boston, who was at Havana, in attendance on a patient, at the time of Dr. Kane's arrival, and saw him, in consultation with his physician, Dr. La Riverend, has given to the Society for Medical Improvement, of the former city, an account of his illness, which we extract, believing it will interest our readers.

Dr. Kane inherited a decided predisposition to rheumatic affection, and had from early life been subject to attacks of articular rheumatism. He suffered very severely from this disease after his return from the first Arctic expedition. The heart, also, had become involved, and he was thought to have a considerable degree of hypertrophy, together with thickening of the valves. So severely was he afflicted with articular rheumatism while preparing for the last cruise in search of Sir John Franklin, that it was often necessary to apply frictions to the joints for an hour, before rising in the morning, in order to enable him to ride to the Navy Yard, where the "Advance" was fitting out.

Very soon after getting into the high latitudes, however, these difficulties subsided—a result which would hardly have been anticipated, but which he had observed in his own case on his previous voyage. What his sufferings and exposures were during his Arctic expedition, is well known; but it is proper to state that they were much more severe, and their effect upon his constitution more disastrous, than would be supposed from the few allusions made to his own case in the published account of the expedition.

On his return, his previous rheumatic and cardiac troubles had become complicated with scurvy; though very much exhausted and worn out by the hardships he had undergone, he allowed himself no time for repose, but labored incessantly in preparing the account of his expedition for publication. This fatigue, together with the great change in climate and habits, brought on a severe relapse of his constitutional disease, aggravated by the newly acquired scorbutic taint. He received little or no benefit from the treatment of his disease while in this country, and was advised to try a change of climate; accordingly, after the publication of his book, he sailed for England. Here his health became much better, all his symptoms were much improved, and he considered himself nearly restored to health. As, however, there still remained some traces of scurvy about him, his physicians advised him to spend the Winter in the West Indies, for the benefit of the climate and fruits.

Since his return from the North, there was a somewhat remarkable change in his ability to bear the motion of the ship; he had become unusually sensitive to sea-sickness, which was brought on by even a slight rolling of the vessel. The voyage from London to St. Thomas was, however, well supported; while there, his health continued to improve, and at the end of six weeks he sailed for Havana. The ship in which he took passage was overtaken by a severe storm; he was very much affected by the motion of the vessel, and in the effort and strain of vomiting ruptured a blood-vessel in the brain.

Entire insensibility followed, and continued for several days after his arrival in Havana. A partial recovery took place after a few days, but the right side was found to be completely paralyzed.

During the months of December and January and until the 10th of February, he slowly rallied from this attack, and was able to walk a little about his room and to drive out. He recovered the use of the right hand and wrist to a great degree, and shortly before the second attack was able to rotate the fore-arm. His mind was perfectly clear, although there was some loss of control over the memory. When he endeavored to recall any circumstance which had transpired, several others, more or less connected with it, were remembered, from which he was unable to isolate the particular fact desired. Of this difficulty he was himself perfectly conscious.

On the 10th of February, at the morning visit, he appeared more cheerful than usual, and conversed a good deal with those about him. About 11 o'clock, however, he was suddenly seized with a severe attack of apoplexy, which deprived him entirely of consciousness. There was, at first, considerable spasmodic action of the muscles, which simulated, in some degree, a fit of epilepsy. These symptoms soon subsided, leaving him with almost complete paralysis of the entire body. The iris responded to light, and the muscles of the pharynx acted when stimulated by fluid introduced into the mouth. The pulse was feeble, and varied from 120 to 140 beats. The skin was moist and cool. He remained very much in this state until his death, which took place on the fifth day after the seizure. In this interval, however, he seemed to have recovered some degree of consciousness, and several time signified assent to a question by turning his eyes toward the speaker. There was some motion of the lips when a spoon was placed in the mouth, and once or twice he was able to make sensible pressure with the right hand. There was no indication of suffering during his last hours, and he died apparently from simple exhaustion.

The tenacity of life in this case was quite remarkable. A constitution broken by chronic disease of many years' standing—a series of hardships and exposures almost unheard of, with all the depressing addition of care and responsibility—followed by an affection which for some months threatened his life ; add to all these an attack of apoplexy, paralyzing entirely the right side, and in two months after a relapse affecting the whole body, and one can hardly conceive how life could have been sustained for so long a period as five days after the last shock.

The treatment in this case was quite simple. On account of his previons illness and the scorbutic taint in his system, it was thought unsafe to resort to the active measures usually pursued in such cases. After the first attack, small doses of ext. nux vomica with quinine were administered. These were suspended after a time, through fear of increasing the cardiac disease, and a high tonic and anti-scorbutic course was followed. After the second attack, a few leeches were applied, together with cold applications to the head.

—Whatever concerns the health of large classes is of importance to physicians—of much greater importance, in fact, than that which concerns individuals. With this idea we are accustomed to look into many things which have no direct connection with drugs, and which promise to prevent the necessity of a physician's services, rather than to enable him to cure his patient when sick. To such subjects we have sometimes alluded in these pages, and propose to continue to do so from time to time as occasion offers. In no class have we felt a deeper interest than in those who sew, whether for a maintenance or in the ordinary occupations of a family in moderate circumstances. Hood's song of "The Shirt," recalls to every physician practising in a city, many a patient, for whom God is paymaster, whose whole life has been drained by the terrible necessity of earning a living by the needle. Early and late, by day and by night, without rest, without recreation, they have struggled for bread, with such toil as no day-laborer knows. And when the dim light and constant use have caused the eyes to fail, or disease has assailed their lungs or attacked their blood, they have not been able to pause in their work, for starvation was just behind them. They could not afford the time to be sick—they could not stop to be cured. Those in more favored conditions are affected; perhaps not to the same extent, but yet gravely. The mother desires her daughter to be industrious, and enjoins upon her the necessity—for such it has been to all but the wealthy—of sewing neatly and diligently. In the country especially, have we seen girls sit sewing, sewing, sewing all day long, when they should have been employed in other duties which allow more proper exercise to the body, or in studies and amusements which are necessary for the proper development of the mind, and the avoidance of that asceticism which is unnatural as it is unhealthy. We have often forbidden girls, from fourteen to eighteen years, to sew more than a short time each day, if at all; and have had great difficulty in enforcing obedience, for the reason that they could not be spared from the work, or mothers thought us over-notional. Still the fact remains, that to the inexorable needle consumption is indebted for many of its victims; while, if not conqueror, crooked spines, side-ache, derangement of the stomach, with its attendant evils following in its train, make their lives miserable, which an early death does not cut short.

These things have all been brought forcibly to our mind, as we have from time to time seen advertisements of *sewing machines*, and heard persons discourse of their merits. Noticing a sign of one of these manufactories in Broadway, one day when a little leisure was upon our hands, we determined to see what had been done, and if there really was any promise of relieving women from this injurious toil and confinement. A little frock, which we were shown, full of folds, (which we are assured are technically called *tucks*,) and exquisitely stitched (we are something of a connoisseur in stitching), reminded us of a poor patient who, with her infant, was only saved from absolute destitution by stitching, laboriously and slowly, with her needle, such garments, for a wealthy tradesman to sell. Charity, at last, had to save her life. We could hardly believe that over all this beautiful work there was no sigh of fatigue poured out, that no eyes had ached with their weary watching, that this might be done. But so it was. The machine was shown to us, we saw it work, and we know there is no longer need for health to be broken down by sewing. Consumption ought no longer to be allowed to use the needle for its agent in thus causing death.

The establishment into which we strayed was that in which are sold the machines of Messrs. Grover and Baker's patent, and the variety of styles, some twenty in number, and adaption to all kinds of work, surprised us. Either for woollen, for linen, or for cotton, each and all of them, they seem admirably, in fact, perfectly adapted. They are of a size to be transported easily in travelling, or they are arranged as an elegant piece of furniture. They are used on the plantations of the South for making the coarse clothes of the out-door slaves ; they are used at the North for making the beautiful dresses of the belles. They can be managed by negroes, and it seems to be rather an amusement than a task for ladies to use them. But we gave up all our notions that work could be done by hand so as to be handsome, stronger or more permanent, and then enquired concerning the position in sewing. The *foot* moves the machinery ; the body is nearly erect, both hands being alike used for guiding the work. Here, then, is done away all the use of the right hand, as in drawing through the thread, and all the consequent tendency to deformity and injury from curvature of the spine. The position left nothing to be desired. No dust injures the lungs. The time required bears no comparison to that of ordinary work, and we were much impressed by the evidence given by one woman who owns and has long used one. "Instead of toiling all day," says she, "with the needle, I now do a day's work in a few hours of the morning, and have my afternoons for recreation and reading." Just think of that ! and when we next prescribe iron for the pale girl who is compelled to sit and sew all day, let us remember also to order one of Grover &

Baker's machines in the morning, and a romp out of doors in the afternoon. How quickly will blooming cheeks take the place of pallor, and how happy shall we be when we look upon our patient, a healthy, robust woman, instead of the pale, nervous, dyspeptic, hypochondriacal thing that she otherwise will become. It will be worth whole bags full of fees. Perhaps we shall seem, to some, too enthusiastic, but we are sure we are not ; and it is a matter we urge upon the attention of practitioners in city and country. A careful examination will convince them that we are right.

— In January we gave Dr. Channing's account of his visit to Dr. Simpson, now we give that of his visit to the physician of Czar Nicholas :—

In London I had the pleasure to meet Sir James Clarke in consultation in the case of a friend, and told him of my purpose to go at once to Russia, and asked him if he knew any one in St. Petersburg to whom he would give me a letter. Thinking for a moment, he said he did, and would give me a letter to him with pleasure. Soon after I received a letter addressed to Sir James Wiley, Physician to the Grand Duke of Russia. As soon as my arrangements were made for passing some weeks in St. Petersburg, and official demands being got well through, I inquired for Sir James Wiley's residence. It was in the Galerney, a street parallel with the English Quai, and directly in the rear of Madame Benson's house, so that a minute's walk brought me to the place. I rang, inquired for Sir James, and handed card and letter to the servant to deliver to his master. It seemed a very long time before I heard from above. The rooms, about which I wandered, were singularly deficient in furniture, but on the walls were some pictures, which to me are the best furniture. At length John appeared, and asked me to follow him to Sir James. Upon entering the room, my whole attention was attracted by the figure of a very tall old man, between eighty and ninety, stretched at full length on a sofa. His face was harsh, hard, solid. You would never have thought him so very old, for these faces wear well—the skin keeps smooth, the features preserve place, and so have their earlier symmetry. But the expression was singularly disagreeable. It seemed made up of physical suffering and moral displeasure. Sir James's dress was in keeping with expression. He wore an old, faded, much-soiled, printed-calico dressing-gown. Its acquaintance with the laundry could not have been recent. His long neck, which in men, especially old men, is rarely beautiful, was bare, while the smallest possible portion of shirt here and there showed itself. His expression was hinted at. His lips were compressed with that force of will which says, "You will get little out of me," while the eyes were staring-wide open, as if to see most perfectly what was at that moment before them. He slowly, with labor and pain, half, or nearly half rose from the sofa, and holding my letter in his hand, he seemed to be measuring the time which he gave to it and to me, going from one to the other in just such manner as would make the time devoted to us as nearly equal as possible. At length the silence was broken. I shifted the leg upon which I had rested, hat in hand, motionless from my first entering this strange presence.

"I do not know what all this means," going from me to the letter, and from the letter to me. "What *does* all this mean? I do not know this Mr. Clarke, nor he me. I am not physician to the Grand Duke. I am physician to Nicholas, his Majesty—the Emperor. I have been physician to four monarchs of this Empire—Catherine, Paul, Alexander, Nicholas. I understand nothing about this letter." Thus proceeded Sir James, until all the steam was discharged, while I stood, hat in hand, and *took it*, as the phrase is. There was no escape, but in his exhaustion. In due time he sunk upon his sofa, and I spoke. I expressed great regret that I had given him so much trouble, and so much suffering, and begged him to give me my letter of introduction; and with an assurance that I would annoy him no more, took my leave. Now you may look upon my introduction to Russia as an amusing incident of travel, and let it pass. So could not I. I must confess it troubled me not a little. Sir James had been looked to as a most important agent in my Russian experiences, and in a moment the whole prospect had faded away. "The fountain from which my current *was to flow*, or else dry up," had in a moment ceased, and I was left as in a parched desert. Slow was my progress homeward from the Galerney, and straight did I walk into my desolate room, and sat down to look at the future—and what a future was it?

This looks rather bearish, but Sir James had a smooth side to him. Dr. Channing continues:—

I had not sat very long before a knock at the door. "A servant from Sir J. Wiley." Show him up. "Sir James will be exceedingly obliged to you if you will call on him immediately." I went, and was showed directly up stairs. How changed was the Baronet. He was one vast smile—jubilant—uproarous. He sprang to on elbow, as if he had lost thirty years since I left him an hour or two before. His hand was protruded: "Sit down. I am rejoiced to see you. I have found it all out. It is Sir James Clarke, the Queen's physician. He wrote to my nephew, who was a knight. I am a Baronet, with armorial bearings, made such by his Majesty George IV. Your letter was to my nephew, physician to the Grand Duke, Alexander. He died a year ago." And here Sir James laughed heartily, as if there was something queer in a nephew's death. "Let me know how I may serve you." A desire was expressed to visit the civil and military hospitals. "Dr. ———, with the rank of Colonel, will call on you in the morning, and visit all these institutions with you." After this a day scarcely passed while I was in the city, that I did not call on Sir James. Upon one occasion, a young gentleman came in of somewhat singular appearance. His dress was a flowing black garment reaching to his feet, with very full sleeves. It was of a thin woolen texture, but stiff, so as to stand off and occupy much space. His complexion was dark, hair and eyes dark, and his features decidedly Eastern. He was a Persian. He was very handsome. Sir James introduced him to me, saying that he was his son—or rather godson. "I have made a Christian of him—have had him baptized, and stood godfather." The old Baronet was in excellent spirits. An officer came in, who was introduced to me as the physician to the Empress, Col. Carrell. He was splendidly dressed. His uniform was white—snow-white—fitting him perfectly. His epaulettes, sword-hilt, scabbard, sword-belt, hangings, were of the brightest burnished silver. He stood at rest with his hat in his hand, as handsome a man as you will see in a thousand. I said stood, for nobody sat in the presence of the head of the Military Bureau of the Imperial Army. After some very pleasant talk, I took my leave.

At another visit, Sir James talked of his war experiences. Among other things, he spoke of the battle of Leipsic. Moreau, who was then fighting on the side of the Allies, had both his legs shot off by a cannon-ball. Sir James amputated both limbs upon the field, but such was the shock which Moreau had received from the ball, that he survived but a few hours after the operation. It was in connection with the service rendered by Sir James in that battle, that he was made a Baronet, with the privilege of armorial bearings. He told the servant to bring him the patent of his baronetcy, signed by the English monarch, which it was evident he was happy to show me. In connection with this, was a display of all the decorations and orders which he had received from the many monarchs he had served. I told Sir James of my purpose to go to Moscow. He said he would give me letters (which he afterward did) to his Excellency Prof. Fischer, the head of the Russian Bureau of National Sciences, and to Dr. Pfæhl, principal medical officer of the great Military Hospital in Moscow.

Upon another occasion something was said that carried him back to his boyhood, and his servant was ordered to bring him a certain package, which was very carefully opened and its contents showed to me. "Here," said Sir James, "are my school books, my first writing books, my cyphering books, and these are my mathematical manuscripts. You see I have kept them all." They were in perfect preservation, and arranged after the order of time. The writing was excellent, and the neatness of them all showed how early had been formed the habit of doing well what he had done. Here was an old man, between eighty and ninety, and here were the records of his earliest days. He took obvious pride in them, and it was without an effort, to take part in his feelings, and to express the pleasure which such a passage in such a life had excited. Something was said of the interest which would be taken in the history of such a life. Sir James said that he had written a work, in many volumes, of every important event in which he had taken a part. It was finished for the press. But he thought it his duty to the Czar to tell him what he had done. Nicholas begged him to destroy it; and with so much emphasis was the reqnest made, that he promised to comply with it, and had performed his promise. The record of a long life, which had been spent in the active and responsible service of four monarchs, and in the most important portions of Russian history; which, in fact, embraced almost literally, the whole existence of that Empire, was in a moment destroyed. The evidence which had just been showed to me, in the minutest details, of the care in which had been preserved the earliest records of his life—the intellectual habits of this old man abundantly showed how well fitted he was for just such a work as he had described to me. The regret was expressed at the loss of such an autobiography. The answer was, that the Emperor had directed it, and he had obeyed the command.

Sir James expressed again and again his regard, his reverence, his affection, for the Emperor. It was clear that great confidence had been reposed in him, and that he was under great obligations to Nicholas. I was told that Sir James was very rich, his property being between five and six million roubles silver. I asked who would be his heir. The Emperor, was the reply. He has left his whole property to him. I called to see him on Saturday. Among other things, he expressed a strong desire that I should go the next day to Petersburg, to be introduced to the Emperor. That Carrell would be there—that he would give me a letter to him, and that he knew I would be graciously received. I thanked him for his interast in me, but felt obliged to decline his offer. This surprised and moved him. "Not go to Peterhoff! after having come so many thousand miles, and go away without seeing the Emperor! You must go, and I will promise you a decoration—yes, a decoration? and will *you* lose the chance of such an honor. I cannot understand what possible objection you can have. I pray you to go." I said that I had been to Peterhoff, and had devoted a day to an examination of all its treasures of art and of nature, and I feared I could not accept his most kind offer. I did not go.

Sir James gave me copies of his published works. Among these was a thick volume on the Materia Medica of Russia. The day before I left St. Petersburg I called to make my visit of leave. I found him very ill. He had passed a wretched night, and was breathing with so much agony, and was so exhausted, that he could hardly raise his hand to me, or say farewell. He was stretched out on the sofa, as he was when I first saw him, and it seemed impossible that he would ever rise from it again. I thanked him for all the kindness he had showed me, and took my leave. It was not without sadness, this leave-taking at the borders of the grave.

—We extract from a daily paper the following account of foreign Chemical Laboratories:—

The German Laboratories offer, certainly, very superior advantages to all who choose to be diligent; and one can stay with profit at almost any of them ; but it is best for the student to spend some time in more than one. As it is a feature of German character to investigate particular branches, so the different laboratories vary according to the *forte* of their professors.

For *Analytic Inorganic Chemistry* the laboratory of Rose of Berlin has the highest reputation, but then he takes but one or two students, and these places are generally engaged beforehand. They have been filled by American students for some time.

For *Analytic Organic Chemistry* of course Liebig's laboratory in Munich stands the highest. He takes about six students, and his laboratory arrangements are fine. It is not easy to get a place there, but an American can generally succeed. His charges are (I think) 60 florins ($24) per half year, and 20 florins ($8) more for his lectures.

For various kinds of *Mineral Analysis*, as that of the silicates, for all kinds of gas determinations, and for general chemistry, the laboratory in Heidelberg, under Prof. Bunsen, stands decidedly at the head.

Prof. Bunsen is the best gas analyst in the world, and his lectures on general chemistry are said to be as good as any delivered in Germany. The Professor is a most capital fellow. The laboratory is new and the best in Germany. It accommodates 50 students, and has been filled for the last year, but Americans can easily get places. Charges, 46 florins ($18 40) for laboratory, and 20 florins ($8) for lectures.

For making chemical preparations, and the general study of organic chemistry, Prof. Wöhler, of Göttingen, is, perhaps, the best. More Americans study with him than at any other laboratory in Europe, and I have heard him praised by all ; but his laboratory is not as well arranged as some others. It is no place to study inorganic chemical analysis.

For beginners, and those at work on *qualitative* analysis, the laboratory of Prof Fresenius, at Wiesbaden, is very good, although for advanced students it is inferior to eiher of the two mentioned before it—Bunsen's and Wöhler's. I have known some who have studied there, and they were pleased. I visited it but a few days ago. The arrangements are very good ; charges were about the same as those at Heidelberg, I think, but can not speak positively.

The laboratory of Prof. Erdman, in Leipsic, is a very good one, and I know several Americans who have studied there. They were pleased, on the whole, but still hardly recommend the place ; charges less than those mentioned ; many lectures are free.

These are the principal *German* laboratories, and for most purposes I would decidedly recommend those of Bunsen and Wöhler as standing at the head, giving Bunsen the preference, as I think him the most philosophical chemist of the day.

As near as I can ascertain, the laboratories of Paris are not as good for work as those of Germany, but one may hear good lectures in the *Winter*. I forgot to say that Bunsen's lectures are on General Inorganic Chemistry, there being two similar courses each year. Lieberg's lectures are on Inorganic in Winter and Organic Chemistry in Summer. At all of these Universities there are various courses on technical, applied, and special Chemistry, by various professors, which are accessible.

There are some five or six Professors of Chemistry in the Heidelberg University, and four working laboratories.

In German Universities there are two terms per year (called *semestres*)—one commencing about the middle of October and lasting until about March 15 ; the next commencing about May 15, and ending August 15. Chemical, as well as other students, must be *matriculated* in the University, which costs various prices in various Universities. Here it is about $4 40 (11 florins). Living expenses are rather less than in cities of corresponding size in America ; and are, of course, modified by the wants and funds of the individual. A student can live for $400 per year, expenses all in ; can live easily, if economical, and buy some books, for $500 ; while many spend nearly twice that. The matter of books and apparatus is an important item, and both are cheaper than in America. Both must be furnished by the student himself, the laboratory furnishes nothing but the commonest articles.

It is well to learn something of the language before coming here; but one acquires it faster here than at home. All the principal German chemists speak English and French, and one can pick up enough of the German language in a few months to understand lectures, although it takes at least a year to become familiar enough to work well. The best time for entering the laboratories is with the Winter half year, or 15th of October, but one can enter at any time.

—Died, at Morris, Otsego Co., N. Y., March 7, WILLIAM YATES, Esq., Surgeon, aged 90 years.

Born in England, he studied medicine with Sir James Earle, of St. Bartholomew's Hospital, in London. Inheriting an ample fortune, he exercised his benevolent inclinations in conducting for several years, at his own expense, a private Lunatic Asylum, and treated, with great success, a large number of pauper lunatics, upon the humane plan. Owing to an unfortunate accident in this Asylum, he relinquished this scheme, and sailed for America, where he arrived in June, 1799. "Previously, he had become greatly interested in the subject of *vaccination*, which was then just becoming known to the medical profession in England. Before sailing, he made the personal acquaintance of Dr. Jenner, obtained from his hand a large supply of the *virus*, and from his mouth all additional particulars. Immediately on his arrival in Philadelphia he engaged himself with all the zeal of an ardent and philanthropic mind, to disseminate the knowledge of the then new discovery. And it is certain that he was the *first to introduce into America* this great boon to humanity, although the credit of its first introduction has been generally accorded to another."

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ESSAYS, MONOGRAPHS, AND CASES.

Cholera Infantum—Diarrhœa and Entero-Colitis—their relations to each other—their Pathology and their Treatment. By Edward H. Parker, M.D. Physician to the Children's Department of the Demilt Dispensary, Fellow of the New York Academy of Medicine, &c. Read before the New York State Medical Society, February 4, 1857.

Can any apology be necessary for calling the attention of the members of a Medical Society to the subject of Cholera Infantum? If so, it must be found in the fact that the last census of the United States shows that 3960 deaths out of 323,023 (that is more than one per cent.) are caused by it; and that out of 106 enumerated causes of death, this stands in rank, as to the number of its victims, the *sixteenth.* I know that a great deal has been written about it; that almost all our journals contain, every year, one or more article upon it; while the learned Society (the New York Academy of Medicine) which I have the honor here to represent in part, has lately crowned with a prize of one hundred dollars an essay upon it.

Still, I beg your patient attention to the little I have to say; persuaded, as I am, of its importance. If I do not follow the beaten track—if I venture to make some suggestions as to errors in the nosology, the pathology, and the treatment of this disease, as commonly received—it is not from any desire to be captious, but from firm conviction of the truth of my position, slowly attained, gradually arrived at, never sought by me, but into which I have been forced.

I shall not so far presume upon the indulgence of the Society as to undertake here to recapitulate the history or to refer to the literature of Cholera Infantum. Here, at least, it is unnecessary, familiar as all the members of this Society must be with them; but I at once state the following propositions, as those generally received by the profession, or at least as generally given by our systematic writers upon the subject :—

1st. Cholera Infantum is a disease peculiar to this country, though most entirely unknown in Europe.

2d. That Cholera Infantum is almost entirely confined to large cities, and is rarely seen in the country.

3d. That the symptoms, course, and pathology of the disease, entitle it to a separate place in our nosological tables.

4th. That the treatment is to be distinct from that of diarrhœa on the one hand, and dysentery on the other.

5th. That "perhaps the most alarming symptoms are those of hydrocephalus, occurring in the advanced stages."

What I have to say can be most conveniently arranged by discussing these propositions in the order in which I have enumerated them.

The first inquiry is as to the truth of the proposition, that Cholera Infantum is almost unknown in Europe, though frequent in this country. But before discussing this point let me first quote descriptions of the disease, so that we may have a certain fixed point of comparison as to what constitutes it. I use the language of others, rather than my own, for a specific purpose. One writer* says :—

"When the attack comes on suddenly, it often commences with vomiting, and though in many instances the sickness does not recur frequently, yet sometimes the irritability of the stomach continues, for twenty-four or forty-eight hours, to be so extreme, that every drop of fluid taken is immediately rejected; and that frequent efforts at vomiting are made even when the stomach is empty. Violent relaxation of the bowels occurs almost simultaneously with the vomiting, and the child sometimes has as many as twenty or thirty evacuations, or even more, in the course of twenty-four hours. The motions are at first fæcal; but they soon lose their natural character, and become intermixed with slime, often streaked with blood. At first they are abundant, and are often expelled with violence; but before long they become scanty, though sometimes they still gush out without much effort on the part of the child. The character of the evacuations again changes: in the severest cases they not only lose their fæcal appearance, but become like dirty-green water, with which neither blood nor intestinal mucus is intermingled. Usually, however, when the first violence of the purging has a little abated, although some serous stools may still be voided, yet the evacuations consist chiefly of intestinal mucus, intermixed with a little fæces, and more or less streaked with blood. These scanty mucus stools are generally expelled with much straining and difficulty; a few drops of blood sometimes follow them; and once or twice, at an early period of the attack, I have known an infant void as much as a table-spoonful of pure blood."

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* Treatise on Diseases of Children. pp. 388, 389.

"The skin becomes dry and very hot, though unequally so; the pulse is quickened, often very much so; the head is heavy; the child fretful and irritable if disturbed, though otherwise it lies drowsily in its nurse's lap, with its eyes half open, and scarcely closing the lids even when they are touched with the finger. Now and then, too, the disturbance of the nervous system at the commencement of one of these attacks of diarrhœa is so considerable, that a state of excitement alternates with one of stupor, that convulsions seem impending, and that there are distinct carpo-pedal contractions, or startings of the tendons of the wrist or fore-arm. The abdomen is usually full and tympanitic, but seldom very tender; nor does the child seem to suffer much pain, though sometimes a degree of tormina appears to precede each action of the bowels."

Another writer says:—"After a day of slight disturbance, with fever and vomitings, the diarrhœa appears and becomes very abundant; the face suddenly becomes changed, and the eyes excavated in the space of one night, like what it is said takes place in softening of the mucous membrane of the stomach, and the child rapidly succumbs. Recovery seldom takes place. In this case the symptoms gradually disappear or become prolonged. . . . .

"In most of the cases the commencement is less abrupt. The disease becomes developed, like catarrhal and spasmodic diarrhœa, without attracting much attention. The child is indisposed and has slight relaxation of the bowels. The symptoms persist, and then the cause is discovered. They increase and become aggravated if their progress cannot be arrested. The patient daily becomes weaker, and gently arrives at that degree of weakness and emaciation precursory of death.

"It is only in exceptional cases that this disease rapidly runs through its stages. It usually lasts fifteen days: the mean term necessary to the cure. It sometimes lasts two or three months. Few children die before the completion of the tenth day. The greater number succumb by the end of a month. . . . Amongst those who are cured the disease scarcely ever extends beyond the third week."

Now I respectfully submit it to the members of this Society, if these are not good descriptions, accurate as can be drawn, of the disease which we know as Cholera Infantum. And yet both are from European writers, drawing from their own experience, and not quoting the language of others. One is West, of London, and the other Bouchut,* of Paris; and I have made these extracts to show that the first proposition, though so generally received, is an error. True, neither writer uses the words Cholera Infantum, but calls it, the one (West) *inflammatory diarrhœa*, the other (Bouchut) *entero-colitis*, and to those cases which are most marked he gives the name of *choleriform entero-colitis*. Both of these writers speak of the rapid termination of the disease, that is within two or three days from its commencement, as being rare in their countries; but so it is here, if we count the commencement of the disease to be the occurrence of diarrhœa, as I believe it to be, and shall attempt to show hereafter.

For the present I pass to the consideration of the second proposition, namely, "that this disease is chiefly prevalent in large cities, rarely occurring in the country."

I refer again to the mortality statistics of our last census upon this point. Here let me say that I am aware of the many sources of error to which we are exposed in basing any proposition upon these returns. Still the errors in the main counteract each other. In regard to this disease there is perhaps less occasion for fallacy, from the fact that the name is usually given by the medical attendant, "Summer complaint" being the more common term in popular use for diarrhœa. From these returns it appears that every State in the Union sends in its quota of cases of Cholera Infantum to swell the total to 3,960.* But one section of one State (the southern of Texas) is entirely exempt; while of the territories Minnesota reports two cases of Cholera Infantum in a total of 27 deaths, and Oregon *one* of a total of 47.

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* Bird's Translation. p. 469.

But again: there are a few States in which the districts were so divided as that one of them should be made up chiefly or entirely of a city; and we are thus enabled to compare the proportion of this disease as reported in the city to that in the rest of the State. These States are New York, Pennsylvania, Massachusetts, and Louisiana. From these returns it appears that in this State the total of deaths from Cholera Infantum is 447, of which only 257 were in the city of New York. In Pennsylvania there were 260 deaths of which 137 were in Philadelphia. In Massachusetts there were 331 deaths of which only 50 were in Suffolk county, which is almost entirely made up of Boston. In Louisiana 27 deaths from this cause give only 7 to New Orleans. Thus in four States, representing New England, the Southern and the Middle States, including the larger cities, we have for totals 451 deaths from Cholera Infantum in the large cities to 614 deaths from the same cause in the remainder of the States. That is about three-fifths of the deaths from this cause were out of the largest cities. So far then as the census goes we are justified in saying that the disease numbers quite as many victims in the country as in the city, or, at any rate, that a disease known to country practitioners as Cholera Infantum is as fatal in the country as the city. I appeal to gentlemen who practice in the country, especially in regions which are level, with a sandy soil and shut in by hills, whether or not the symptoms described by our writers as being those of Cholera Infantum are not constantly seen by them during the hot weather. I know that the best marked cases which have ever fallen under my observation are those seen by me in New Hampshire and Massachusetts, and no symptom described by city writers was absent

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* *The number of deaths given for each State are as follows:*

Alabama,	42	Louisiana,	27	Pennsylvania,	260
Arkansas,	14	Maine,	52	South Carolina,	64
California,	1	Maryland,	166	Tennessee,	17
District of Columbia,	25	Massachusetts,	331	Texas,	12
Connecticut,	85	Michigan,	13	Vermont,	6
Delaware,	8	Mississippi,	114	Virginia,	150
Florida,	10	Missouri,	83	Wisconsin.	14
Georgia,	75	New Hampshire,	47	Minnesota,	2
Illinois,	141	New Jersey,	105	New Mexico,	—
Indiana,	156	New York,	447	Oregon,	
Iowa,	28	North Carolina,	74	Utah,	—
Kentucky,	163	Ohio,	232		

from them. I contend then, that the second proposition, though generally received, is incorrect.

"The third proposition is that the symptoms, course, and pathology of the disease, are peculiar ; and entitle it to a separate place in nosological tables."

The characteristic features of Cholera Infantum are thus defined by Dr. J. Forsyth Meigs, whose remarks on this disease are, on the whole, among the best that have been published in this country. "These are its occurrence in very young children, and in the Summer months ; the evidences in the early stage of violent irritation and hyper-secretion of the gastro-intestinal mucous surface, and at a later period of inflammation, ulceration, softening and thickening of the same surface, particularly of the ilium and large intestine ; its chief symptoms are vomiting and purging ; fever, generally of a remittent type, varying often with collapse ; rapid emaciation ; and towards the close, violent cerebral symptoms." (Meigs, p. 28.) Authors describe affections of the bowels under three names, viz : simple diarrhœa, Cholera Infantum, and entero-colitis, and each one of these may be accompanied by these chief symptoms, to wit : vomiting and purging, remitting fever, collapse, emaciation, and "violent cerebral symptoms." How then can it be known when diarrhœa ceases and Cholera Infantum begins ; or when does entero-colitis become Cholera Infantum. The fact is, that the continued and simple diarrhœa, when aggravated without any change in its nature, becomes violent, so that it is called Cholera Infantum. Entero-colitis commencing suddenly with vomiting and purging, is Cholera Infantum in common professional parlance, but no more a separate disease than is the first stage of pneumonia a separate disease from the last. It is rarely the case, if ever, that a simple diarrhœa runs on to be severe without the occurrence of vomiting, feverish exacerbations, collapse, and the other enumerated symptoms, and it is therefore necessary to say that if Cholera Infantum is a separate and distinct disease, it follows diarrhœa very frequently. On the other hand, entero-colitis is usually attended by vomiting as well as purging, and is thus said to be preceded by Cholera Infantum. So it is with the pathology of the disease. It is entirely impossible for any one to say, simply by an inspection of the post mortem appearances, whether or not the patient had died of Cholera Infantum or simple diarrhœa on the one hand, or on the other to distinguish between Cholera Infantum and entero-colitis. One school of writers have dwelt much on the altered condition of the liver, which is said to be enormously enlarged in some cases, and with all the intermediate shades of departure from health. But this scapegoat for so many evils is not justly blamed. If Cholera Infantum is a peculiar and distinct disease, it is eminently an acute one, for it is improper to assign to it all that train of symptoms which drag after it for months. In this time the liver cannot enlarge, for it is not a sponge which can be filled with blood and be made to swell up and puff itself out to occupy half of the abdomen in three days or in three weeks—as seems to be intimated by several writers. This error must have arisen from neglecting to take into account the fact that in infancy the liver is proportionably much larger than in more mature life. As I have said of the symptoms, so it may be said of the pathology—it is impossible to draw a line on the one hand between Cholera Infantum and simple diarrhœa, and on the other between Cholera Infantum and entero-colitis. The disease has no distinct pathology, as will be evident if we compare the descriptions given of the pathology of this disease by our writers with those given by European writers of the pathology of diarrhœa and entero-colitis. I claim then, that the third proposition usually received, is incorrect, and that there are no separate symptoms, course, and pathology of this disease, but that Cholera Infantum is in fact a name given to a particular condition arising in other diseases.

Of course, if my position is correct, the fourth proposition, viz: that the treatment of the disease requires to be peculiar, goes with the third, for if there are no peculiar symptoms, course, and pathology, there is no separate and peculiar treatment. The proposition was stated, however, to express the common belief upon the subject, and I suppose I am correct in saying that nine-tenths of the profession would say so. As large a proportion would insist upon the necessity of using calomel or some other preparation of mercury, and that with more or less freedom. Some use it often and in large doses, some in full doses and but once, others use smaller doses, while still others approach the infinitesimals in appearance though not in reality. The doses vary from five grains to the sixteenth of a grain, but calomel is the desideratum with them, and calomel must be used. To cite my authorities for this, would be to cite almost every writer upon the subject; few, if indeed any writers in our own country being content to advise entire abstinence from the use of this drug. Many of them insist as strongly upon the disuse of astringents, and on this point too, I am at issue with them. I have no particular fondness for astringents, neither have I any dislike of calomel, much less a prejudice against so excellent a remedy. But it certainly is a very potent one even in small doses, especially when given frequently, and I do not hesitate to say that it has often done in this disease great and grave injury.

The 5th proposition, viz : that "perhaps the most alarming symptoms are those of hydrocephalus occurring in the advanced stages," is in the very words used by Dr. George B. Wood,* in his excellent treatise on the Theory and Practice of Medicine, and is, I suppose, expressive of the common opinion. I confess that I should not have ventured to make such an assertion a year ago, for the simple reason that after the clear descriptions of the actual cause of the cerebral symptoms which Marshall Hall gave more than fifteen years ago, and which have been since repeated by Gooch, and more lately by West, it would seem improbable that the condition of anæmia or exhaustion should not be recognized as the cause. That it is not so, the prize essay to which I have before alluded, bears ample testimony, while the occasional favorable notices of that publication in which even eagle-eyed reviewers do not detect this error, give farther confirmation of it. *Hydrocephaloid* is the actual condition, not *hydrocephalic*, and that antiphlogistics (as leeching, blistering, &c.) have not been successful in the essayist's hands, is no wonder. The cool head; the depressed fontanelle, the previous or continuing exhaustive disease; the rapid improvement under the use of tonics and stimulants, all of these should have opened the eyes of practitioners to the actual cause of the symptoms. This is neither the place in which, nor the audience to which I ought to repeat what has been so well said by others; but I may simply urge any who have not become fully convinced of the correctness of the distinction, to read again what West has said so well, and to study carefully the next cases of the disease which come under their charge.

It would not be proper for me, having said so much that is negative, to refrain from a positive statement of my own opinions concerning the topics on which I have touched.

Diarrhœa in children (that is, too frequent and too fluid evacuations from the bowels) may be of all grades, from the slightest to the most grave. Especially apt to affect teething children, particularly those that are weaned, and to appear during the hot season, its symptoms (in general the same) may at any moment be aggravated and exaggerated by the continuance of the very causes that produced it. Nausea is a constant accompaniment of the diarrhœa, and the aggravation of the diarrhœa, whether gradual or sudden, is attended by a similar increase of the nausea, vomiting soon succeeding. If then a rapid or sudden increase of the diarrhœa occurs, which is always attended by an increase of the watery portions of the dejections, it is almost inevitable that vomiting should occur. Excessive thirst, intolerance of the blandest food, rapid prostration and emaciation are the accompaniments and results of this condition. Unfavorable hygienic conditions serve to increase the liability of children to the disease, while they at the same time retard, if they do not entirely prevent recovery from it. Pathological Anatomy shows to us throughout a continuation of the same condition, increasing in severity and gravity with the corresponding increase in the symptoms.

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* Practice of Medicine, vol. 1, p. 700.

When death occurs from the exhaustion produced by the profuse vomiting and diarrhœa, a condition to which is given in this country the name of Cholera Infantum, we find the intestines to contain more or less of a soft, usually light, yellow fæcal matter, and the stomach a fluid resembling a thin gruel. The walls of the stomach are natural, unless the epithelial lining be a little too easily removed,—the epithelial lining of the small intestine, and sometimes of the large, being in a similar state. The walls of the intestines are almost translucent, bloodless, and apparently thin. Throughout their whole extent the solitary and agglomerated glands are very prominent, setting up almost like beads from the surface. The mesenteric glands are not changed. The liver is pale and anæmic, the gall bladder containing more or less of thin bile. General anæmia of the organs is the only other observable change from health. The brain itself is in the same condition, a passive congestion of some of the larger veins of its base being the utmost change notable in the blood-vessels. Where the prostration has continued a long time, we have a little serous fluid in the cavity of the large ventricles. Such is a general view of the pathological anatomy of these cases. The pathologist must therefore be content with saying that the death is from exhaustion, and not from anatomical lesions of the organs. From the prominence of the solitary and agglomerated glands, it has been supposed that they are the seat of the disease, but a careful inspection will show that they are only filled with their peculiar secretion. Being without outlet, as Kolliker and others have distinctly shown, their excessive secretion only distends them, while the exsanguine condition of the neighboring tissues thins *them*, and thus gives to every independent prominence like the follicles, still greater exaggeration. Hyper-secretion is the only thing of which we have any evidence in the bowels, and hyper-secretion will account for the symptoms and the death. Back of this we must confess we cannot go, and irritation, inflammation, nervous force, or anything else may be invoked to explain it. Evidence of either we do not have.

If instead of this sudden termination, the case runs along for weeks or months, we then have in addition to the other appearances abrasions, and even ulcerations in some rare cases, of the mucous surface. Punctate injection more or less abundant, and more or less general, though usually quite limited, is visible. The solitary and agglomerated glands have either disappeared or are in the same condition of distention as that before pointed out. If it be the former, there results one of those depressions which are described as ulcerations, but which are without the characters of an ulcer. Occasionally there may be seen patches of an apparently uniform redness, but closer examination shows that it still is of the punctate form. This is the condition to which, following the European writers, I give the name of entero-colitis. But this follows directly upon the continuance of aggravated diarrhœa. Other diseases may of course complicate it, but I speak now of pure and simple cases, of which many may be noted by every one engaged in the treatment of young children.

The localities in which the disease most frequently occurs, as well as the class of patients who are especially liable to it, point out the influences against which we are to guard. Although the disease is marked, in many cases, by febrile exacerbations early arising, there is no reason to suppose it to be allied to periodical diseases of a malarious character. I have seen it as evident in regions where no intermittent fevers are found, as in those regions which abound in them. It is noteworthy that these exacerbations are not of a high grade of fever; and one who looks for a frequent and strong pulse, with flushed features, and the other usual marks of fever, will not find them. Instead of this, there is a very quick and frequent pulse and some increase of the heat. It is usually quite transient in such cases. In those of a more chronic character it is often more protracted and rises higher; that is, this is more marked in entero-colitis than it is in diarrhœa. The impure air of cities is justly, as well as generally, blamed for much of the disease; but it is not the impure air which has the largest influence. The classes of patients who are particularly exposed to it in large cities, are those who are also under the most unfavorable hygienic conditions. Poor and squalid, the mother must turn every moment to a good account in making a living; or else, drunken and vicious, she spends in dissipation the time which should be given to her infant. In either case, her impoverished and scanty milk compels her to feed her child, even if another pregnancy does not urge to the same course. Poor cow's milk, crude gruels, and panadas, or bits of "every thing that is going," are the materials poured into the intestines, and these the child can not properly digest. The house in which they live is crowded, and close, and damp ; ventilation is a thing unknown or uncared for, and bathing is a luxury that is rarely indulged. Dentition, too, complicates matters ; for in no class are the disturbances produced by it greater, and in no class is there more frequent or strenuous objection to lancing the gums. In addition to this, insufficient light reaches the child, and in its etiolated state it is still more unable to contend with other unfavorable influences. But I have shown that it is not confined to large cities. The proportion of poor persons increases more rapidly in large cities than in direct ratio to the increase of population, and therefore the disease prevails in larger proportion ordinarily. This is not uniformly so, however, and the census to which I have so repeatedly referred, shows this in one instance quite singularly. In Massachusetts the whole number of deaths from Cholera Infantum is reported as 331, of which only 50 were in Suffolk county, which is almost synonymous with Boston, the single town of Chelsea being included within its limits. Now Essex and Middlesex counties, which make another district, and have about the same population, give 113 deaths from Cholera Infantum—more than twice as many. Boston, it is well known, is so built on hills that it is thoroughly drained ; and, at first sight, it might be thought that this was the cause of the slight mortality. But Essex and Middlesex counties are not deficient in drainage, are not malarious, and are commonly considered as healthy districts as any. But these counties abound in localities in which the soil is light and porous, perhaps sandy, and where these lie upon the rivers, especially the Merrimac, they are shut in by hills at a little distance from the river. Here the heat during the middle of the day is intense, and often continue through the night. [Under these conditions severe forms of diarrhœa develop themselves rapidly; that is, if it be preferred, Cholera Infantum prevails, and fatally. The same is true all up the Merrimac river wherever these conditions unite. Manchester, N. H., where, from the very sandy nature of the soil, and the rapid growth of the town, all these influences are in excess, is swept with this disease every Summer, to such an extent that a similar visitation in New York would be more terrible to children than the most malignant yellow fever. The same is true of Concord and Nashua, though not to quite the same extent, for the conditions are somewhat less aggravated. This fact, and the want of similar localities in Vermont, seem to me to account for the notable difference in the proportion of deaths from this cause, given in the census—Vermont having six and New Hampshire forty-seven—for in other respects the situation of the two States and the hygienic conditions of their people are very similar. The exemption of Boston I believe to be largely due to the refreshing sea breezes which prevail during the day and reduce the air to a delightful temperature. Serious as an East wind in that city is to delicate persons in the month of March, in the month of July it is exceedingly refreshing.

But I hasten to close my remarks, already too protracted, I fear, by a discussion of the treatment which I believe to be best adapted to the disease.

In the first place, I would lay it down as a rule, that diarrhœa is not to be allowed to run on in teething children. It is to be controlled, not to the extent of producing constipation, but to that extent that it ceases to be strictly a diarrhœa. Division of the gums in a proper manner and always when called for ; the use of chalk mixture, alternating occasionally with small doses of the aromatic syrup of rhubarb ; early resort to tonics, carminatives, and stimulants, together with the wearing of flannels next the skin, especially so as to cover the abdomen completely, are the remedies. Careful diet (which should be the mother's milk if possible), regular exercise in the open air during the early part of the day, and protection from the excessive heat of noon, are the hygienic necessities. Daily warm baths and frictions, the baths to be once every week of salt water, are also important. And under these influences very many children are kept safe from the dangers of the more advanced disease.

If the diarrhœa is more aggravated, though without severe vomiting, there may be given chalk mixture, with some carminative, astringent and tonic. My own preference being for a combination of chalk mixture, tincture of catechu, compound tincture of cardamoms, and compound tincture of cinchona. To this mixture I sometimes add a little paregoric. At the same time the flannel which covers the abdomen may be sprinkled with brandy or tincture of camphor.

When vomiting occurs with profuse discharges, that is, when the stage arrives to which the name Cholera Infantum is given ; if it comes suddenly, and there is a suspicion of undigested food in the bowels, a mild purgative may be given, and the best is syrup of rhubarb. This, however, should not be attempted more than once, unless the stomach has become quiet. Many, it is well known, prefer calomel in a cathartic dose, and it is easily taken and does not nauseate by its taste, but it is, to my thinking, too violent and irritating a cathartic. The vomiting should be allayed by the use of bits of ice, (not teaspoonfuls of cold water, for that will not do it so rapidly,) which may be swallowed whole if desired ; by mustard poultices, small ones, to the pit of the stomach ; by quiet and not attempting to fill the stomach with food. The warm baths should be continued ; mild opiate injections or suppositories may be used, and an early resort be had to stimulants when symptoms of exhaustion appear. These may be given in almost any form, certainly in any that agrees with the stomach. At one time they will be best borne cold, at another hot ; sometimes diluted with water only, sometimes with milk, as punch or whey ; but all of these forms are to be selected from according to the occasion. At times these will not stay upon the stomach in any form, and then it is that bathing with diluted spirits should be carefully attended to. In this disease it is important to continue to try to save life as long as a spark of it remains, for, from the most unpromising condition recovery sometimes rewards the diligent and faithful attendant.

When the disease becomes chronic it is necessary, to pursue a similar, and yet in some respects, a different treatment. The chief difference is in the mode of procedure when there occurs a series of bloody discharges. That is when the colitis is more severe and prominent, and when the condition approaches that of dysentery. For several years, I have in this state of affairs, used with much satisfaction, a mixture of about ten grains of blue mass rubbed up in two drachms of syrup of rhubarb, to which is added one-half teaspoonful of paregoric and four ounces of chalk mixture. Of this, a teaspoonful every two or three hours, is the dose. The blue mass certainly does not act like the calomel, not producing, in purgative doses, so great prostration, and in small doses it does not lessen the proportion of fibrin in the blood, as is the case with calomel. Hence calomel is the better agent when the intention is to arrest the exudation of plastic deposits, as in the inflammation of serous membranes. It is probable that the portion of mercury in the blue mass which becomes converted into the black oxide, is the beneficial agent, and in this idea I have been confirmed, by noticing the effects of the black oxide of mercury prepared by means of ammonia. This, which some homœopathists use under the name of "soluble mercury," is a valuable remedy, and is worthy of more general attention, from its good effect and from the facility with which it is taken by children when rubbed up with sugar. It is of course understood that I do not recommend any dilution for the sake of potentization.

In this state opiates, if none are contained in this mixture, are often of very great benefit when given with discretion, that is, in proper dose not too frequently repeated. Notwithstanding the prejudice against their use, I hardly know what we could do without them; certainly they expedite recovery. Another prejudice exists against the use of chalk mixture, but I have yet to see or to learn of one who has seen the concretions ascribed to it after use in this disease. It should not be constantly continued for months, for the condition which calls for it does not require that. I do not dare to say how large a quantity of it I have prescribed during the last Summer only, but it has been very large, and I have yet to see its bad effects.

Exposure to the fresh air is still more important, if that be possible, than ever, and it should be regular and constant. I could speak of very striking instances of its benefits, but I fear I become wearisome. It does not absolutely require that the child should be taken into the country. Many of my patients are sent to the ferries to cross them so that the cool fresh sea-breeze may fan them, and it acts sometimes like magic to raise their drooping heads. Of bathing, too, in warm water, I could give illustrations, the most striking being where a gentleman, whose child was under another practitioner's care, ventured to direct one leg to be washed hastily, contrary to the physician's advice, although the child had been sick several weeks. He distinctly affirms, that the leg so washed, got so much the start of the other, which was not similarly treated for a few days, that it took the latter a long time to catch up with it in strength and in flesh.

In conclusion I present these propositions as expressing my views of this matter, in contrast to those which I first gave as expressive of the opinions more commonly entertained.

1. The condition to which the name of Cholera Infantum is given, is not a separate and peculiar disease, but a collection of symptoms attendant on certain stages of other diseases.

2. This condition is recognized by European authors in their treatises, though very properly it does not receive a separate title.

3. That the principles of its treatment are the same as those of diarrhœa and entero-colitis.

4. That Hydrocephalus is rarely if ever an attendant or sequent of it, but that the hydrocephaloid disease is very usual.

Selections from Favorite Prescriptions of Living American Practitioners. By HORACE GREEN, M.D., LL.D., &c.

Astringents.

Astringent medicines are usually defined, substances which coming in contact with living organisms corrugate and condense their fibres, and thus diminish the action of secretion and excretion. As astringents exert, ultimately, a tonic influence on the human body, and as some tonics often prove astringent, many writers have considered tonics and astringents as identical. Tannin, which is an important ingredient in many astringents, is not indispensable to tonics; in many respects, however, they appear to be very nearly allied. Some of the most powerful of the astringent remedies are derived from the mineral kingdom, but by far the largest and most important portion of this class of medicinal substances is obtained from the vegetable kingdom.

Caution should be observed in adopting the astringent plan of treatment, in most diseases. In acute inflammations, in all affections which are accompanied with any degree of fever, or even those of a chronic nature attended with serious alteration of the tissues, medicines of the astringent class, are likely to prove injurious.

Some of the more powerful of the astringents, are frequently employed locally for the purpose of arresting hæmorrhages; they are then called *Styptics.*

In some cases where astringents are indicated, if irritability exists, opium, although belonging to the division narcotics, may be administered with great advantage, either alone or combined with some more immediate astringent.

As the most convenient preparation of opium for the ready formation of pills, we recommend to practitioners the *officinal* mass of Dr. Tully:

℞.	Opii pulveris - - -	℥i
	Camphoræ pulv. - - -	ʒi
	Saponis Alb. - - -	ʒvij

Subige in massam. divid. equal. in pil. ccxl.

Each of the above pills will contain one grain of opium.

This mass will remain of the same consistence for a great length of time, and may be readily formed into pills of any desired size; or other medicinal substances, or astringents, can be most conveniently combined with it.

℞.	Pilula. Opii Officinalis -	ʒss
	Plumbi Acetatis - - -	ʒi
	Ipecac pulv. - - -	gr. xv

M. Fiat massa in pil. xxx divid. cap. unam pro re nâta.

These pills, administered once in two or four hours, according to circumstances, are useful in hæmoptysis, and other internal hæmorrages.

℞.	Pil. Opii Officinalis - -	ʒss
	Argent. Nitratis - -	gr. viij

M. Fiat mass. in pil. xxx divid. quarum sumat unam terve in die.

In chronic diarrhœa, and in the latter stage of dysentery, the above pills have been successfully employed by us to allay the irritation of the intestinal membrane.

In active hæmorrhages, the subjoined astringent pills have been much extolled :—

℞.	Plumbi Acetatis - - -	ʒss
	Digitalis - - - -	℈i
	Opii pulv. - - - -	gr. v
	Conservæ Rosæ - - -	ʒss

M. Fiat massa divide in pil. xx et exhibe unam ter quaterve in die.

An experienced physician of this City has employed for many years in pulmonary hæmorrhage the following astringent mixture :—

℞.	Plumbi Acetatis - - -	ʒj
	Tinct. Opii - - - -	f. ʒij
	Aceti - - - -	f. ʒv
	Aquæ Font - - - -	℥iij

Misce quarum capiat cochl. una parv. pro re nâta.

This mixture is declared to be more efficacious in arresting hæmorrhage from the lungs, than the lead and opium are, when administered in the form of a pill. The medicine may be exhibited in teaspoonful doses once in two hours, or oftener if required.

℞.	Plumbi Acetatis - - -	ʒj
	Tinct. Opii - - -	f. ʒiss
	Aquæ Cinnamon.	
	Aquæ Fontanæ - - -	aa ℥ij

M. Fiat mistura, sumat cochl. parv. ter quaterve in die.

In both uterine and pulmonary hæmorrhage, we can recommend, from experience, the above mixture as a most excellent remedy ; and less disagreeable than the preceding mixture.

℞.	Tinct. Catechu - - -	℥iss
	Aquæ Cinnam. - - -	℥vss
	Tinct. Opii - - -	ʒij
	Syr. Simp. - - -	℥j

M. Fiat mistura, cujus capiat cochl. mag. pro dosi.

In the last stage of Dysentery, or in protracted diarrhœa, attended with profuse evacuations, the above mixture may be administered after each liquid evacuation, often with great benefit.

℞.	Zinci Sulphat. - - -	℈ij
	Opii Extracti - - -	gr. x
	Confectionis Aromat. - -	ʒss

Syrupi q. s. ut fiant pil. xl sumat unam ter die.

The above pills may be employed advantageously in some forms of chronic bronchitis, when the expectoration is profuse. They are also a valuable astringent and tonic remedy in the treatment of leucorrhœa. Under the same circumstances the following pills, if preferred, may be administered :—

℞.	Cupri Sulphatis - - -	gr. x
	Opii Extracti - - -	gr. x
	Confectionis Rosæ - -	ʒj

M. Fiat massa in pil. xxx div. sumat unam ter quaterve in die.

In hæmorrhage from the kidneys or bladder, or from the intestinal mucous membrane, tannic acid is by far the most effectual astringent of this class of remedial agents.

℞.	Acidi Tannici - - -	ʒi
	Extracti Gentian. - -	℈ij

Misce in pil. xx divide, cap. unam tertiis vel quartis horis.

Combined with opium, tannic acid is often successfully administered in the treatment of uterine hæmorrhage, and in protracted diarrhœa.

℞.	Acidi Tannici - - -	ʒi
	Extracti Opii - - -	gr. x
	Conservæ Rosæ - - -	ʒss

M. Fiat massa in pil. xxx divid. sumat unam ter quaterve in die.

In uterine hæmorrhage one of the above pills may be administered every hour.

℞.	Decoc. Uvæ Ursi - -	℥iv
	Acidi Tannici - - -	ʒj
	Tinct. Opii - - - -	f. ʒij
	Syr. Acaciæ - - -	℥ij

Misce. Fiat mistura sumat cochl. parv. ter in die, vel sæpius.

In albuminuria, and in chronic catarrh of the bladder, the above astringent mixture is a most valuable remedy.

By some practitioners the gallic acid is considered preferable to tannic acid, inasmuch as the administration of the latter is apt to be followed by constipation of the bowels. Gallic acid is said not to produce this effect. The following mixture may be employed :

℞.	Acidi Gallici	ʒj
	Mucil. Acaciæ.	
	Syrupi Aurantiæ	aa ℥ij
	Aquæ Fontanæ	℥iv

Misce. Fiat mistura, cujus sumat cochl. j mag. ter quaterve in die.

In menorrhagia, hematuria, and other internal hæmorrhages, the above mixture may be given with great advantage.

The following preparation, which does not differ materially from the above, is a favorite prescription of our colleague, Prof. Barker, in menorrhagia.

℞.	Acidi Gallici.	
	Acaciæ pulv.	aa ʒij
	Syrupi Tolutan.	
	Aquæ font.	aa ℥ij

Misce. Fiat mistura, sumat cochl. parv. pro dosi.

Although belonging more properly, perhaps, to the class narcotics, we shall under the head of astringents speak of a medicine, which, after its employment for many years, not only by ourselves, but by many professional friends, we can confidently recommend as one of the most useful, and, in one class of maladies, the most certainly remedial, of any of our therapeutical agents.

℞.	Tinct. Camphoræ	℥iss
	Tinct. Capsici	℥ss
	Spiriti Lavendul Co.	
	Tinct. Opii	aa ℥i

Misce. Fiat mistura capiat M. xx vel xl. pro re nâta.

Not only in the milder forms of diarrhœa have we found the above mixture an excellent remedy, but it has proved in our experience, most valuable and efficient when promptly administered on the occurrence of the "premonitory diarrhœa," in the early stage of Epidemic Cholera.

During the prevalence of the cholera in this City, in 1849, and again in 1850, we administered this mixture in a large number of cases of cholera, in the access of the disease, with entire success. On the occurrence of the earliest symptoms of the choleraic diarrhœa, it should be given in doses of from thirty to sixty drops, every hour (or oftener if required), confining the patient *strictly to a horizontal position*, until all tendency to the diarrhœa is entirely overcome. The adoption of other measures will, of course, be required, if the disease is much advanced.

When travelling in Summer, we are accustomed always to take a small phial of the above mixture with us ; as this medicine is quite sure to arrest, in children or adults, the intestinal irritation which in the warm season is so liable to follow a change of diet and the drinking of a different, and perhaps a *harder* kind of water than that to which we had been accustomed.

Objections to Exclusive Systems in Medicine. Extract from an Address delivered at the close of the Session of 1856–'57. By Timothy Childs, M.D., Professor of Anatomy in the New York Medical College.

In no period of the history of medicine has there been witnessed a *progress* at all comparable to that which has characterized the last quarter of a century. This was to be expected. Medicine can improve only as the collateral and tributary sciences improve—as these are perfected and applied to the study of our science, and as nature is more severely interrogated by better and more thorough methods of investigation. Medicine does improve, but it improves slowly. Eager minds are not content to labor and to wait, and tread slowly and painfully the toilsome path of induction. Perfect systems of medicine are started which boldly challenge your acceptance. . . . But of all these full-blown schemes of medicine, there are but *two*, that I know of, that possess any fascination for the cultivated and well instructed young physician. These are, the exclusive system of the partisans of the "numerical method," and the exclusive system of the partisans of Homœopathy.

The accurate and beautiful method of observation, known as the "numerical method," I do not stand up here to decry. It is its *abuse* by insisting on it as the *one* and *exclusive* method in the cultivation of medicine against which I protest.

I pass next to the second exclusive system, the doctrine and practice of Homœopathy. . . . Now I object to this exclusive system :

1st. That it ignores the very existence of the "*vis medicatrix naturæ*"; the tendency and the capacity, under favorable conditions, with which a kind Providence has endowed every organ, and the totality of the organs composing the human system to return to a healthy structure and function, when these have been impaired or deranged. Hahnemann frankly avows his total skepticism as to the curative powers of nature (Organon, pp. 30–34). Is this so? Has this been the error of the regular profession, or rather has not their error been that, while acknowledging themselves the "ministri naturæ," they have, with Hahnemann, fancied themselves the "magistri naturæ." May I not go farther and ask, is disease ever cured in any other way? Should the physician ever do more than assist her whom the great poet so justly styles "excelling Nature."

"2d. Homœopathy ignores all *entities* in disease, and deals only with the subtile vital power. It ignores, for example, the condition of the blood in disease. Take the case of a worker in lead: he inhales the lead fumes—the poison is absorbed by his lungs, it circulates with his blood to his stomach, and he has horrible colics; it circulates to the muscles of his arms, and he has paralysis; he dies. Tanquerel finds the lead in the coats of his stomach and in the extensor muscles of his wrists. Isn't *lead* an *entity?* Taught by experience, we say this poison of lead is the cause of the disease. We say, "*tolle causam cessit affectus.*" We put our next patient in a sulphur bath; we show him the sulphuret of lead on the skin; we give him the iodide of potassa, and, pari passu, with the elimination of the poisonous mineral the patient regains his health. But the homœopathist overlooks all this; he asks not what is at fault with the machine, to apply the proper corrective, but what are the *symptoms,* and what drug is homœopathic to the symptoms. But this, you say, is a case of *poisoning.* But are not *gout* and *rheumatism* and *typhus* and *ague* equally cases of poisoned blood? Admit, frankly, that we do not yet know the history of some of these as well as that of lead poison. But twenty-five years ago we knew less of lead poison than we now know of the poison of rhuematism, or the poison of gout. Take another illustration: suppose a case of *chlorosis,* pure and simple. Andral and Gavaret have weighed for you the liquor sanguinis in scales, and measured the corpuscles in a balance. They find that the proportion of corpuscles is reduced, say one-third. We administer the appropriate pabulum for the manufacture of these red globules, say a grain of *iron* twice a day. The proportion of corpuscles steadily increases; the strength and health of the patient increase in the same ratio. We suspend it for a week, by way of experiment; the patient stands still. We resume it again; the proportion of corpuscles steadily increases, and you don't recognize, in your ruddy patient, the pale girl for whom you ordered the box of little pills of iron three months ago. We take a case of *scurvy*—where, from deprivation of the vegetable juices and an insufficient diet, the blood is impoverished ; we supply what is lacking to the vital fluid, and without other medication the patient grows well and strong. Dr. Kane's last *scraped potato,* and *raw walrus,* were certainly "entities," and certainly did not act on the universal law of cure of exclusive homœopathy. "*Similia similibus curantur.*" The illustrations might be indefinitely multiplied.

3d. And closely connected with the homœopathic dogma just adverted to, that "the causes of disease can not possibly be *material,*" as Hahnemann phrases it, is another dogma, that the totality of the *symptoms* represent, constitute, are the disease. (Organ. p. 85.) This, indeed, is an essentiality of the exclusive homœopathic system. But is it so ? In a very common disease of the *hip joint,* the pain is often referred to the *knee,* and very often the knee is even *swollen;* in short, all the sensations of the patient are referred to the *knee.* In *tetanus* (locked jaw), the *symptoms* pertain to the voluntary muscles, or certain of them, as those which close the jaws. The *disease* may be a *thorn* in the *foot,* or green apples in the stomach, or strichnine in the blood. In gout, the *symptoms* are in the *toe*—the *disease* is lithic acid in the blood. In rheumatism, the *symptoms* may be in the *shoulder,* the *disease* is lactic acid in the blood. I say, then, that the symptoms, even the totality of them, are not the disease, and often do not even "represent" the disease.

4th. I object to exclusive homœopathy, that it ignores the ascertained practical facts of that most common process, *inflammation.* Twenty-five years ago this would have been no great deficiency, for the whole subject was then in the most chaotic confusion ; but the labors of Paget, and others, have evolved from this chaos, within a few years, a beautiful order, which is destined to work most practical improvements in our art. We do now know that this abnormal condition of inflammation may begin by a vitiation of any one of the four essential conditions of the healthy action of any part ; that is, it may make its debut in the *blood* of the part, in the *blood vessels* of the part, in the nerves of the part, or in the essential structure of the part. We do *know* that when one of these four conditions is interfered with, the rest are soon involved. We do know that when the disease is grave—when the scales hang fearfully even between struggling nature on the one side, and deadly inflammation on the other—our art may come in—not to take the case out of her beneficent hands—but to aid her by removing one or more of these abnormal conditions ; she taking up the work and completing the cure by the removal of the rest. Let me instance that once fearful disease, peritonitis. We now administer the large doses of opium; we cure the nervous element of the disease (which is the leading element); we allay the horrible pain; excelling nature takes up the cure and removes the other faulty conditions. And here I know the well-informed homœopathist will meet me with the tables of Fleischmann, of Vienna: Peritonitis cases, 105; cured, 100; deaths, 5. Let me frankly and freely confess, that these tables give better results, in this disease, than the regular practice of that day (1835 to 1853); in other words, that leaving nature to fight the battle alone, is far better than to thwart her, as was done by the profession of that day in that disease. In a case of specific inflammation, where the inflammatory process begins in the blood, we antidote or eliminate the poison from the blood; nature again takes up the cure and removes the other abnormal conditions. Again: if the engorgement of the blood-vessels of the part be the leading faulty condition, we unload these by local depletion; we apply a few leeches or cups; and as before, nature, thus aided, takes up and completes the cure. All this, the now well-settled history and pathology of inflammation, homœopathy totally ignores.

5th. We say that the homœopathic diet, enjoined as a means of cure, is, like the rest of the system, fanciful and empirical; though I admit, cheerfully, that it contains some good prohibitions. Now we, of the regular profession, *aim* to adapt the diet to the condition of the patient. For instance: we take a case of consumption, where the blood is impoverished by lack of its oily element: we prescribe an apoplectic diet (so to speak), and we administer cod liver oil, and, *under favorable circumstances*, the chyle, and thence, the blood being enriched by a due proportion of oil, the general nutrition is improved (the blood being raised to the standard of health), and the patient is cured. The statistics of the Brompton Hospital, for consumptives, prove that, of all the cases treated there, in all stages of the disease, one-third are cured—the disease is arrested in another third, and the proportion of deaths is but 33 per cent. Where can homœopathy point to results like these? In these famous, and, I believe, honest tables of Fleischmann—confessedly one of the best homœopathic practitioners in Europe—all the poor consumptives (98 in number) go into the *black column*. Whole number 98; died 71, discharged uncured (sent home to die) 27; 71 and 27 is 98. If you will read Bennett, on Tuberculosis, you will find this to be the simple rationale of the matter: tubercle, from an impoverished blood, the main deficiency in the oleaginous element furnished; hence the treatment,—and the diet is the grand part of the treatment,—should have steadily in view a *better nutrition*, a richer blood. Cod liver oil, containing the biliary principles, and hence more easily assimilable than other oils, and hence, in a majority of cases, a leading article of the treatment, unknown among the Esquimaux, while here it heads the weekly list of the City Inspector, and in New England causes one-fifth of the total mortality. No other explanation can be given than the fact of their living on a highly oily diet. The Artic explorers tell us that no *bon bons* are so acceptable to an Esquimaux belle as tallow candles. Do you ask why we see no such results in this country from the "analeptic" treatment of consumption? I will tell you. First, and chiefly, we are not sufficiently impressed with the importance of the constitution of the blood in this as in other diseases. We are too much wedded to the old idea of treating the symptions of consumption—its *complications*; too little faith in the grand fact, that it is by a *better nutrition* and a *richer blood*, and by this *alone*, that it is ever to be cured. But we see people every day taking cod liver oil and dying with consumption. True, we do; but what else are they doing or leaving undone? They are taking "cough mixtures," which destroy the appetite and prevent that *better nutrition*, from which alone a cure is to be hoped. They are shut up in close rooms, instead of inhaling God's oxygen, on foot or on horseback, in open carriages; and last, not least, they are often taking a purely *factitious article* of the oil. Take the converse class of cases—those of the *bilious* diathesis. Here the supply of oleaginous element, is in excess—the surplus must be diminished by the liver, this organ is overworked, bilious attacks result. We interdict the oleaginous and saccharine articles of diet (fats and sugars), and with or without appropriate medicinal treatment, the diathesis is overcome. One more example: Macauley (layman as he is,) has not failed to notice the marked change in the character of the diseases of England, wrought by the introduction of the *potato* and other roots and esculents, into the diet of England. When the diet of the English people consisted almost exclusively of wheat bread and meats, the albuminous group of aliments was in excess, and the result was a great prevalence of gouty and calculous diseases. When the diet of the people was changed, by the introduction of new vegetables and fruits, the gouty and calculous affections markedly diminished. Among the poorer claasses of society, those compelled to live on a poor vegetable diet, we find rheumatism taking its place; and in the workhouses of England, where, as Dickens well satires it, "a board of fat governors spend their official time in diluting gruel and writing reports." We find that out of 860 prisoners 437, or 52 per cent., are of *scurvy;* when the wise Board of Governors aforesaid cut down the allowance of nutriment from 31 to 21 ozs. per diem. In other public institutions, where similar wise Boards of Governors undertook to keep the paupers on bone soup, we find a malignant fever breaking out and decimating the inmates two or three times over. In short, rational medicine, guided by experiment and experience, recognizes the fact, that a well-arranged dietetic scheme ought to consist of such a combination of the several groups of aliment, the *albuminous*, *saccharine* farinaceous, *oleaginous*, and gelatinous constituents, as is most appropriate to the requirements of the system of the given patient. This is of itself a great subject, and deserves more attention than it has yet received from the profession and the public. What makes *dyspepsia* so common, so universal on the highest hills in our country towns and in the most elegant avenues of the city of New York? What more than a badly regulated *diet* and a horribly unscientific cookery? You dine freely in Paris—you feel no sense of oppression. You dine freely here, and you are stupid all the evening. There, cookery is a *science;* here, it is hardly an *art*. The point I make is, that there is a science of diet that the well-educated physician appreciates and avails himself of ; that the diatetic prohibitions of homœopathy are entirely unscientific and empirical ; and although they may, and do, effect a great deal of good in many cases, still, like the rest of their exclusive system, they are underlied by no scientific principle, and hence incapable of universal application; but are based on a *conceit* that *beef* and *tooth powder*, *pork* and *perfumery*, may militate against the action of nux 3, or hepar 30.

And this brings me, 6th, to the ludicrous side of the argument: that medicines are efficient in infinitessimal doses ; though, as plain, palpable grains of oyster-shells or camomile flowers, they are inert. On this I shall not dwell ; not because it does not afford a beautiful example of the "*reductio ad absurdum*, but because its exposition, though legitimate, is somewhat stale. I only allude to it to show where the adoption of this exclusive doctrine led its illustrious founder.

Eulogy upon M. Roux, delivered before the Academy of Medicine, Paris, by M. Dubois, of Amiens. Translated for the Monthly, from the *Gazette Medicale de Paris.*

Philibert-Joseph Roux, Professor in the Faculty of Medicine, at Paris, member of the Institute, titulary member of the Academy of Medicine, and Surgeon-in-chief of Hotel Dieu, was born at Auxerre, on the 26th of April, 1780. His father, a surgeon, was held in well-deserved esteem in that city; where, by long and meritorious services, he had obtained the position of Surgeon-in-chief to Hotel Dieu, and the Military School.

This justly celebrated School was under the charge of the members of the learned and enlightened religious order of St. Benoit ; young Philibert was admitted into it, and while there followed the instructions of the future perpetual Secretary of the Institut d'Egypte, and of the Academy of Sciences, Joseph Fourrier. Philibert was extremely dissipated as a student, but his frank and open character won all hearts, except, however, his father's, who could see nothing to hope for in the future of such a volatile and inconstant child ; a mother would have been more indulgent, but our student had lost his early in life.

The Revolution was felt at Auxerre, as every where else ; the military school became a national college, but the students did not on that account cease from attending upon the teachings of Fourrier; for, as their young and learned professor had taken no vows, he had only to lay aside the habit of St. Benoit, in order to resume his place among the laity : his withdrawal in those days of disorganization would have been a veritable calamity : he was competent to every demand, and successively taught mathematics, philosophy, rhetoric, and general history.

As for our future colleague, if he continued to distinguish himself, it was merely by the vivacity of his intellect and by an unequalled ardor for the sports of his age; and yet, thanks to a most happy readiness, he almost always maintained a position in the first rank among his fellow-students. But his father was none the more content; he could not believe that success thus obtained without strenuous exertions, and almost without labor, could be good metal and durable; and, therefore, believing his son's education neglected and his opportunities wasted, he considered it his duty to give up the idea, which he had always entertained, of making him a civil engineer ; and obliged, to his great regret, to fall back upon his own profession, he resolved to make him at least a good and useful surgeon, such as he was himself. In order to initiate his son in the rudiments of his art, he caused him to attend upon his own visits at Hotel Dieu, and made him perform each day what are called the minor operations of surgery.

M. Roux displayed no greater application in his surgical studies than he had shown in his literary pursuits, which did not hinder him, however, from making remarkable progress ; but the quiet and monotonous life of the country town was hateful to him, and a thirst for travel began to trouble him. Young, inexperienced, eager for excitement, he seized the first opportunity which offered itself, to see other countries—not, as he did later, rolling on in a sumptuous travelling carriage, and scattering money by the wayside, but most modestly, as a health-officer of the third class, and with his knapsack on his back.

This he did, with all the resolution and gaiety of youth, towards the end of 1796. This commencement of a military career was not, indeed, either very serious or very long. Detailed at first to Andernach, and afterwards to Aix-la-Chapelle, he was discharged after eighteen months service. Finding himself thus at liberty, like an old servant, in consequence of the treaty of Campo-Formio, his first thought was to return to his own fireside. He expected to find there, dear friends and pleasant leisure ; but an inexorable God watched over his domestic hearth stone : none other than his father, stern old man, who, after a few days of repose, enjoined upon him to direct his steps towards Paris, and finally to enter there upon a more serious course of study than he had followed in the past.

To bleed and to dress wounds—such was about the extent of the instruction which M. Roux had gained at the hospital of Auxerre ; therefore he had to learn everything anew, and especially anatomy, which then, as now, was held in great favor at the Paris school. To this study he consecrated the first years of his sojourn in Paris ; he gave himself up to it completely, and this time with so much the more zeal and success, because the young teacher to whom he had attached himself was not only a skilful anatomist, but one of the greatest physiologists that France has produced :—Bichat, who, in the wrecks of human organization, and even in the mechanism of death itself, if we may so speak, endeavored to penetrate the mysteries of life.

Yet M. Roux, the pupil of Bichat, and, in some sort, to be considered as his successor, did precisely the contrary to that which his teacher had done.

Bichat had begun with surgery; his first teachers were Marc-Antoine Petit and Desault; his first course was a course of operations, his first publications lectures and essays upon surgery. But this splendid genius soon changed his course; he gave himself up completely to physiological studies, and in this new career rapidly acquired an imperishable glory. M. Roux, on the contrary, had scarcely closed the eyes of his master, than he abandoned all physiological studies in order to devote his entire attention to surgery.

The career of the *concours* was then, as now, open to all young men of talent. M. Roux had scarcely entered upon it, when he found himself brought in opposition to a young man who was urged on by a vast ambition—a young man who was destined to be the most redoubtable and the most constant of his adversaries, whom he was thenceforth to encounter at every step; who, everywhere, and at all times, would be at hand to dispute the passage with him, and who would thus rest as a weight upon his entire destiny, up to the very moment when, snatched away by a premature death, he would leave to him, as a final burthen, his own peculiar and overwhelming succession.

It will be readily perceived that we refer to Dupuytren. For the first time, these two rivals were about to meet. Dupuytren was three years older than M. Roux; but how great a difference already between these two young men—one of whom was twenty-two years of age, and the other twenty-five!

We have seen how easily, with what freedom from care, M. Roux had passed through the first years of youth: how light had been his burden of life. Doubtless his father had imposed upon him some economy and had limited his expenditures; but this young man had had no struggle with misfortune; he had received none of the severe and strengthening lessons of adversity! Dupuytren, on the contrary, born in a small town in Haute-vienne, owed even his early education to the generosity of strangers; later, he was obliged to share, with a fellow-student, a modest chamber, furnished with a humble bed, a table and three chairs. There this earnest young man entered upon his long studies. Fate did not even accord to him that goodly gift of the gods, the friendship of a great man. And who knows whether he would have accepted it? He felt himself destined for the highest places, and to them already he aspired; he, who, in the field of science, had as yet made no conquest—he, who will have no Rubicon to cross, dared to tell his comrades that he would not be second in Rome. And what was *his* Rome? It was that sceptre of surgery which he saw in the future, and on which already he would lay his hands.

Such was the adversary with whom M. Roux was about to measure his strength. The reward of the *concours* was the position of Assistant Surgeon in Hotel Dieu.

The victory was for a long time in doubt. M. Roux, in the oral tests, and especially in improvisations, showed himself superior to his adversary; already he exhibited that richness, that wealth of expression, which caused him to run into digressions, to return again to the subject, and then to overshoot the mark, without ever being able to keep closely to it. Dupuytren, less affluent in words, but more methodical and more severe, had the advantage in the tests, where logical reasoning and the appreciation of facts are especially required. Dupuytren was declared conqueror, and ascended that grand stage of Hotel Dieu, where he was to gain so lofty a reputation. M. Roux, however, had given evidence of such admirable talent and such extensive acquirements, that, shortly afterwards, he was appointed, by M. Frochat, prefect of the Seine, to perform the duties of acting Surgeon-in-chief of the Hospital Beaujon.

This modest establishment, situated at a distance from the latin quarter and from the tumult of the schools, seemed destined to receive those who, issuing, all crushed and bruised, from their conflicts with Dupuytren, had need of peace and quietude, to regain their wonted force. M. Roux went, therefore, to spend a few years in this quiet retreat; at a later period, the excellent Marjolin, appointed Assistant Surgeon of Hotel Dieu, was also forced to enter this asylum in search of patients to treat, pupils to instruct, and especially of manifestations of affection and kindness; all of which would have been refused him, with a superior who, not only could not admit the possibility of an equal, but who would not even permit a colleague to follow too closely.

A few years of somewhat inactive life thus passed away, while M. Roux must have struggled with his impatience, when, in 1810, he was so fortunate as to obtain an entrance into the family of a great surgeon; M. Boyer bestowed his daughter upon him, and obtained for his son-in-law the position of assistant surgeon in la Charité.

Under the guidance of such a teacher as Boyer, M. Roux might have gained what he most needed; he might have become a skilful and a wise surgeon; but for such a bold and adventurous genius as his, this guidance could only be a perpetual restraint. Boyer was his superior; for thus the regulations directed. M. Roux himself came at length to recognize the necessity and wisdom of this subordination. He said at a later period, in strong terms, that it was a salutary authority which, when needed, could restrain the too ardent spirit of young surgeons, and that excessive boldness which springs too readily from too great independence. But in the early years of his connection with Boyer, far from recognizing and blessing this wholesome restraint, he strove against it daily, and deplored, what he called, his shackles.

There was, indeed, a strange opposition between these two characters, and these two species of talent; imagination, inventive genius, and a restless spirit seemed waging a perpetual strife with circumspection, wisdom, and good sense. M. Roux was brave, generous, and chivalric; M. Boyer was prosaical, sarcastic, but profoundly sensible; we were all witnesses of these intestine struggles; the young men rallied about M. Roux, while those of mature years were rather on M. Boyer's side; it appeared to the former that M. Roux was in surgery the image of the future, and that M. Boyer represented the past. M. Boyer considered, in fine, that surgery had reached its highest degree of perfection; that the Royal Academy of Surgery had given the finishing stroke to it, and that there was nothing more to be added. M. Roux, on the contrary, exclaimed, "No, the temple of science is not yet completed! No, our art has not attained its utmost limits!"

The death of Sabatier, occurring in 1811, had just left vacant the chair of operative surgery in the Faculty of Medicine at Paris; the lists were opened anew; and once more Dupuytren and M. Roux found themselves face to face. M. Roux was brilliant, Dupuytren profound; the former pupil of the Benedictines had a marked advantage over his competitor in Latin composition; the fruits of literary education are ever present; when the humanities have been neglected or are imperfect, they cannot be repaired, and will forever remain incomplete. However, Dupuytren was again declared conqueror, and to him was awarded the chair of Sabatier.

But it was merely a question of time in respect to M. Roux; his place was prepared in the higher grades of instruction. In 1816, by the death of Petit-Radel and of Alphonse Leroy, two other chairs were left open. In consequence of changes, that of external pathology was declared vacant; but the *concours* was suppressed, and the duty of nomination devolved upon the Faculty; the classical and popular Marjolin was put forward into the front rank, while M. Roux only attained the second place. Finally, on the 10th of February, 1820, justice was done to M. Roux; Percy having voluntarily and very opportunely resigned, he was nominated to the first rank, and on the 4th of March following his nomination was approved.

But it was not merely as an instructor that M. Roux was destined to shine; he was also to hold a distinguished rank in the learned societies. Towards the end of the very same year, 1820, he was included among the first nominations of the Royal Academy of Medicine, and became one of its most active and assiduous members. The Academy was then divided into three grand sections: M. Roux, in 1825, performed the duties of secretary to the section of Surgery; in 1827, he was its vice-president; in 1828 he was chosen to the presidental chair.

He was not, however, content to rest here. The Institute has, in the class of sciences, a section of medicine and surgery. M. Roux naturally aspired to occupy one of these chairs; in 1820, a seat became vacant in consequence of the decease of Percy, and M. Roux took his place among the number of candidates; his claims were numerous, but his eternal adversary Dupuytren had also placed himself in the ranks; the issue could not be doubtful: Dupuytren was elected by an imposing majority. In 1829, a new vacancy was declared in the section; this time, a great military star, Larrey, disputed the honor with M. Roux. For a moment the fate of M. Roux trembled in the balance; five votes only decided in favor of Larrey. Finally, on the death of M. Boyer, in 1834, M. Roux was elected on the first ballot.

We have seen that from the earliest period of his entry into the Hospital de la Charité, M. Roux had sought to distinguish himself by the importance and novelty of the operations which he wished to perform; we have shown how great was the opposition of Boyer; but there came a time when M. Roux, freed from all control, and delivered from all restraints, could fully obey all his inspirations, and listen only to the suggestions of his own genius; this was when the death of Dupuytren had opened to him the doors of Hotel Dieu.

He was at length at the head of French surgery. Up to that time, whenever he had desired to rise, he had met Dupuytren, and Dupuytren had checked his further progress.

And if, indeed, at any time he had succeeded in placing himself in the same grade with Dupuytren, it was because in that very grade there were several places: when there was but one, that one was filled by Dupuytren. There could be but one first physician to the King; to Dupuytren belonged that distinguished honor; there could then be but one surgeon-in-chief at Hotel Dieu: Dupuytren held that post; and if M. Roux finally succeeded in obtaining it, it was because the death of his rival left him a clear field.

It was as though a final *concours* was about to open between these two surgeons; the vast establishment called Hotel Dieu was still full of the memory of Dupuytren. The shade of that great surgeon seemed still to wander in those long halls, as grave, and stern as in former times.

His aids, who are now, for the most part, distinguished practitioners, remained at their posts; when they had assembled, the spirit of their master was with them, and seemed to communicate to them somewhat of his severity, haughtiness, and disdain. In their eyes, M. Roux, compared with Dupuytren, could be but a very secondary personage.

It is said that, frightened himself at the weighty responsibilities of this succession, M. Roux hesitated a long time before accepting it; having at length decided to do so, we know how he was received, and what prejudices he had to overcome. And yet, look upon these two surgeons, Dupuytren and Roux, and determine which was the better adapted to conciliate the favor of youth; the one was a man of stern and majestic carriage, who walked with haughty and thoughtful countenance before his pupils, each one of whom uncovered at his approach and followed him in silence; the other appeared with open countenance, contented and smiling, extending to all a kindly welcome; obliging, accessible, and striving thus to swell the somewhat noisy escort, whose gayety he himself shared.

Dupuytren's literary education was far from complete; and even in his moral education there were gaps which could not be filled up; yet everything about him inspired respect and kept familiarity at a distance; his language, as well as his attitude and his manners, were simple, severe, and almost august.

M. Roux aimed at elegance, and was in every respect brilliant; doubtless there were repetitions and interminable digressions in all his addresses, but what richness of remembrances, what delicacy of analysis! And all this without gloss, without affectation, and yet with a charm, an easy freedom, and fullness of kind feeling completely inimitable.

But as the judges at this final *concours* were all indistinctly hostile to M. Roux, they decided that the language of the rash successor of Dupuytren was diffuse, prolix, full of ambiguities and circumlocutions, clogged with obscurities, with synonyms, and fine-drawn conclusions, while the lofty, precise, and sententious language of Dupuytren remained in their memories as a classic model of correctness, precision, and clearness.

It must be acknowledged, in truth, that in his first acts and in his manner of proceeding, M. Roux so conducted himself as apparently to justify the prejudices which existed against him. On succeeding Dupuytren he imagined, in the overwhelming ardor of his genius, that, in order to efface the remembrance of that great practitioner, he must act, and act continually. He forgot that it was neither the number nor the novelty of his operations which had raised to so high a point the reputation of his predecessor, but in fact the exquisite judgment, the certainty of diagnosis, and the rare prudence which he brought to bear on every one of his operations. It is true that he blended with these a slight degree of artifice and ostentation, and that in reality the safety of his patients perhaps caused him less uneasiness than his solicitude for his own reputation ; but as, after all, these two things were inevitably allied, these minute precautions, these profound calculations, eventually turned to the advantage of the patients.

A few words more and I shall have finished the parallel already so frequently drawn between these two illustrious practitioners. It would seem that after this final *rapprochement* in the halls of Hotel Dieu, and when both have gone down to the grave, there could be no other comparison established, no further parallel carried out ; there is, however, one tribunal still before which they will have to appear, which alone will pronounce upon them a final judgment. I refer to that *concours* which is opened for all celebrated men in the presence of posterity.

The history of surgery will then have to make known to the world what Dupuytren has done to extend the limits of the art, what have been his inventions, his discoveries, all his labors, in fine, and it will be seen whether or not he has left behind sufficient to justify and support that haughty supremacy, so laboriously acquired.

M. Roux, also, will be judged from the same point of view ; the testimony of contemporaries will doubtless be invoked ; but in the end, their services to science must rest upon their own merits. It would seem as though M. Roux himself appealed to those coming years, when he said that we may hope to live, and to live eternally, in the memory of men, if we have left behind us great works, while the talent of the professor perishes and disappears with him who possesses it.

And therefore M. Roux, more thoughtful of posterity than Dupuytren, has left to the world numerous and important works. As early as 1809, he published a volume styled *Melanges de Chirurgie*, in which he yielded to the ruling taste of the time, and devoted himself to ingenious attempts at classification.

In 1813, he published the first part of a *Traité de Médecine Operatoire.* At a later period, when endeavoring to explain why he had not gone beyond this first part, he acknowledged that his forte did not lie in the composition of a sustained, didactic work, and still further, he regretted having published these two volumes.

Two years after, in 1815, he published the celebrated account of his *Voyage à Londres.* After a war which had for so long a time separated the two countries, and which, in respect to the sciences, had rendered them not indeed hostile, but almost entire strangers to one another, it was a happy idea to make an examination, on the very spot, into the then condition of English surgery, and to draw a parallel between it and French surgery.

I come at length to the semi-posthumous work which is the most considerable and most imposing of all those composed by M. Roux; I refer to the work entitled *Quarante ans de Pratique Chirurgicale.* In this work he is incomparable; in vain would we seek among the surgeons of the time for a writer so fascinating, of such varied powers, so cultivated and so rich in resources: he is like a great commander, who, after memorable campaigns, preserves the remembrance of all his lofty deeds in copious memoirs.

He had begun the publication of this work before 1848, but the confusion and tumult of revolutions had forced him to interrupt it; he resumed it again in more quiet times, and was laboring with unequalled activity and zeal, when, on the 27th January, 1854, he was seized with a most severe attack of cerebral congestion. This must have been an ominous warning; yet he resumed his ordinary labors, and especially the publication of his great work. Four new sheets were upon his desk; with a faltering hand he attempted to renew and strengthen his relations with posterity. We may say that he labored for posterity even in the arms of death.

A new attack supervening, arrested that courageous hand, and terminated his life on the 23d of March, 1854.

And now, gentlemen, before finishing, permit me to give my whole opinion concerning the colleague whose life I have just attempted briefly to sketch.

Three great surgeons have in some degree, filled in our eyes, the first half of the nineteenth century: Boyer, Dupuytren, and Roux. Of these three surgeons, M. Roux was beyond all question, as an operator, the most ingenious, the most intrepid, the most daring; but to speak in strict accordance with truth, we must add, that even while giving evidence of incomparable skill, he was not always free from the grave charge of having pushed his boldness to the very verge of temerity. In him we have seen, that the qualities of a good, true, and excellent surgeon were almost all included in the art of operating with confidence and grace,—above all, with grace. More than any other M. Roux, in the course of his long career, had it in his power to be useful to the cause of humanity; he gave an impulse to science, and in many respects he extended the boundaries of the art,—would that he had had a little more of that prudence and reserve so necessary in the practice of surgery! He excelled in all, but never having imposed restraint upon himself, he did not always make the best use, either of his words or his pen, nor even of that which is above all redoubtable, the art of surgery! Eager to act, and desirous of showing himself to the best advantage, that is to say, with knife in hand, he did not always take time to assure himself whether an operation was absolutely necessary, or strictly indispensable; he merely demanded whether it was *possible;* and yet what operation is not possible to so skilful a surgeon?

Strange and brilliant nature, which erred only by reason of the very excess of his qualities; we might almost say that a jealous sprite had taken a malicious pleasure in spoiling in him the world's best gifts, by bestowing them in most prodigal measure and without discrimination; from thence came that fire, that impetuosity, which age itself could not subdue; from thence sprang that lack of order and of continuous effort, which appeared in turn in his lectures, in his writings, and in his practice. How many times have we seen him, yielding to the chance suggestion of his inspiration, commence an operation like a discourse without exactly knowing where he would stop nor how he would finish, and afterwards be himself astonished at the various steps he had taken, and the results at which he had arrived!

M. Roux was indeed a great operator, but he was so far too exclusively; he was not sufficiently impressed with that noble and indisputable truth that a surgeon, to be truly successful, must be at the same time a wise physician; that that which now constitutes the strength and honor of surgery, is the close alliance which it has formed with medicine, both in its studies and in its practice.

REVIEWS AND BIBLIOGRAPHY.

Poisoning by Strychnia, with comments on the Medical Evidence given at the Trial of William Palmer for the murder of John Parsons Cook. By Alfred S. Taylor, M.D., F.R.S. London: Longman, Brown, Green, Longmans & Roberts, 1856. 152 pages.

Scarcely twelve months have elapsed since the trial of Palmer for the murder of his friend Cook, by the administration of Strychnia, occupied the attention of the administrators of Law in the Old Bailey, London. The substance alleged to be employed, although known to the Chemist since 1818, yet had not been fully studied so far as its effects on animal life were concerned, and very little, indeed, was known of the changes, if any, it might undergo when in the animal body. In fact, no examination of the body of a human being with regard to the detection of Strychnia had ever been accomplished by Orfila, or by Handin. It was hence likely that there would be much difference of opinion as to the readiness with which it could be detected in the contents of the viscera. Accordingly we were prepared for some little discrepancy in the testimony, expecting that those who had least opportunity for experiment, in Toxicological examinations, would hesitate most in advancing *ex cathedrâ* opinions. Every one was aware of the difficulty experienced in separating a vegetable alkali from animal or other organic matter, whatever that alkali might be. We were surprised to find, in the verbatim Report of the Trial, one witness swearing that the fifty-thousandth part of a grain, unmixed with animal matter, could be detected—that if Strychnia had been taken in *this* case it *ought to have been found*, and that in all cases "where Strychnia had been taken in a sufficient dose to poison," *it can be detected*, and *ought to be detected*. Another Chemist swears that "of all poisons it is *the most easy* of detection."

As Professor Taylor and Dr. Rees were employed by the Crown for the examination of the contents of the viscera, and as their report showed the discovery only of antimony in these organs, although examinations had been made for prussic acid, oxalic acid, opium, morphia, strychnia, veratria, nicotina, and codeia, every one must feel an interest in reading the views of either of these gentlemen, with regard to this testimony, and on the subject in general. The former had excited the peculiar ire of Sergeant Shea, inasmuch as after having failed to detect Strychnia in the body, he nevertheless gave his opinion that the symptoms manifested by Cook, pointed to the administration of Strychnia. It was the policy of the defence to show that as Strychnia was not detected by an analyst, *therefore* it had not been the cause of Cook's death; and in pursuing this line of policy the remarkable chemical evidence of Herapeth and Letheby, already referred to, was availed of by Sergeant Shea. There is no objection to the counsel for the defence, in a criminal case, employing every honest means to obtain a favorable verdict, but we feel that attacks upon the reputation of medical witnesses for the purpose of overthrowing *their* testimony, are most unworthy the dignity of the legal profession, and merits the contempt of every good citizen. And "whatever may be the consequences to the medical jurist, although he may stand alone, and have the attacks of the public and medical press directed against him, the safety of society and the demands of public justice, require that an opinion formed deliberately after a careful consideration of all the medical circumstances, should be firmly and decidedly expressed."

Dr. Taylor first discussed the question, "*were the symptoms and appearances in the case of Cook caused by Strychnia, or might they have arisen from some natural disease?*" He answers it affirmatively for the reasons, "that they were not inconsistent with death by Strychnia, but such as from experience in other cases in the *human subject* we may commonly expect to find as a result of the action of this poison," and that they are not reconcilable with death from any other cause. One objection had been made to Taylor's opinion because the heart had been found empty, whereas in experiments on animals the heart was generally found full of blood. But upon careful examinations of the appearances presented by this organ in fatal cases of Strychnia, we find that the condition of the heart as to the presence or absence of blood varies very much. In the two cases published in this country, where Strychnia was detected; viz: the body of Mrs. Green, examined at Chicago, and that of Dr. George Gardiner, examined at Washington, the heart was found to contain no blood; and though these cases do not prove that the heart, in a case of Strychnia-poisoning, will always be found empty, yet they substantiate one thing, that such a condition of that organ is not unusual.

The second question is a most important one: *Can a person die from poison, and no poison be found, by chemical analysis, in the body?* This is a general question, and no one who is at all conversant with Medical Jurisprudence, as connected with Toxicology, would be stupid enough to say *no*. Hydrocyanic acid, even when known to be taken, has failed to be discovered. This has also been the case with other organic poisons. The true bearing and importance of this question should be understood. If we require the discovery of the poison as the *sine quâ non* in a judicial investigation, we elevate chemistry not only to equal rank with pathology, but we depose the latter entirely from its necessary position in such an investigation. The two sciences must go hand in hand. Chemistry has accomplished much, in the last thirty years, in medico-legal investigations, but we are not prepared to draw the conclusion that it is *always* able to detect a poisonous substance, no matter what may be the condition of the body which is alleged to have contained it, or what the changes it may be exposed to in the blood. The requirements of the law are, that "there should be satisfactory evidence of death from poison," and not that the poison should be absolutely detected. The presence of the poison itself can not indeed prove that death must have been occasioned by it; but where this is corroborated by the antecedent symptoms, which themselves are the same that the poison itself, and no other substance known, usually produces, then we have the strongest ground for the opinion that it was the cause of death. Dr. Taylor cites the case of Castaign, where the prisoner was proven to have purchased tartar emetic and acetate of morphia on the same day that he had given some milk to the person alleged to have been poisoned, which was followed by vomiting and purging, inability to swallow, "stertorous breathing, a contracted pupil, a hot skin, the jaws locked, the neck rigid, the abdomen tense, and the limbs affected by spasmodic convulsions." Although the stomach and other portions of the body were examined by the best organic chemists in France,—Vauquelin, Lherminier, Magendie, Barruel, Segalas, and Pelletan,—no trace of either antimony or morphia was detected. The evidence, however, was considered sufficient; the prisoner was convicted of having administered morphia to the deceased, and was executed. But cases of a similar character are found in the records of criminal trials, where equally distinguished chemists have failed to detect the poison, and yet where other circumstances prompted a conviction of prisoners.

The third question discussed in this monograph is—*Can a person die from Strychnia, and no trace of that poison be found, by chemical analysis, in the body?* This is considered as involving the processes by which the supposed Strychnia may be separated from the solids and liquids of the body, the chemical tests to identify it as Strychnia, and the amount of confidence to be placed in the known tests, in an examination where the life of a prisoner depends on the result.

In the adoption of any of the processes which have been proposed for the removal of strychnia, the chemist will always find it safe to satisfy himself "by a preliminary trial that it, when in sufficient quantity to justify a medical opinion, might be separated and detected" by such processes. He has no right to rely upon the skill which has enabled other analysts to use a process with satisfactory results, but he must show that *he* can employ it with skill. Drs. Taylor and Rees seem to have relied upon the employment of sulphuric acid with the view of rendering the substance soluble in rectified spirit. Stas' process was not really used, nor was Handin's method availed of, both of which seem to us to be more delicate than that employed. But here we think the analysts cannot be blamed in this case, since the stomach was forwarded them for analysis, without any communication of the symptoms that had presented themselves, hence quite a series of substances were to be searched for, and we can understand how the analysts were satisfied with some methods of search that were employed, whereas, had the question been,—there is strychnia contained in the stomach, it is required to find it,—then all possible processes would have been tried if one had failed. The main point, here, is as to the accuracy of the tests,—their reliability. We know how much difficulty is involved in the separation of the organic matter from an alkaloid in these examinations. We are satisfied that Dr. Taylor has done good service to Toxicology by his statements, before the Jury, that the color-tests of Strychnia are uncertain and fallacious, *unless* we first get the Strychnia in a visible and tangible form. No Toxicologist should dare to pronounce dogmatically on the nature of a substance, which he has not obtained free from all impurities. When the crystalline form presents itself, then a delicate color-test becomes a powerful adjuvant in the formation of an opinion. Why Dr. Letheby should swear that this substance—Strychnia—is the easiest of all poisons, either mineral or vegetable, to detect, we, on this side of the water, cannot understand. We can only conjecture that the gentleman's reliance in his own analytical abilities must be vastly greater than that of his countrymen. In fact there is an amount of absurd egotism in the boastings of Letheby, Herapeth, and Nunnely on this case, that should cause their scientific evidence to be received with considerable hesitation. Why should we require less satisfactory evidence in a case of Strychnia, than in one of arsenic ? And yet no chemist, with the slightest respect for his own reputation, would go into court, and state that he founded his opinion with regard to *its* presence upon the colored tests, without having tried the processes for obtaining the pure metal. We all recognize the necessity for these confirmatory tests in the case of Arsenic, why are they less necessary in that of Strychnia? Of course we are speaking of the chemical evidence, the Toxicologist fortunately does not require so much from chemistry here, as when Arsenic is suspected to have been administered. The symptoms are *peculiar* and do not so closely resemble those of any other disease, as the effects of Arsenic do the symptoms of cholera. If chemistry can bring in evidence to support Pathology, then the Toxicologist is absolutely certain and does not hesitate. But should the former detect Strychnia, and the symptoms be altogether different from those produced by it, we think the Toxicologist would suspect fraudulent addition rather than real presence.

Taylor considers that, the "principal reasons for the non-detection of Strychnia in the body of a person who has died from its effects may depend on—

1. "*The quantity taken.* If the dose be small, from one-half to three-quarters of a grain, it may be rapidly absorbed and removed from the stomach. It is only the *surplus* of a fatal dose which is found in the stomach after death. If a man swallows a dose of ten, fifteen, or twenty grains, and dies quickly, without vomiting, then the residue, or some portion of it may be found."

2. "*On the time which has elapsed after taking away the Strychnia, until the symptoms commence.* The longer this interval, the greater the quantity of poison removed from the stomach by absorption. The poison has been found diffused through the circulation in nine minutes. If the person dies in ten or twenty minutes from the time of swallowing the Strychnia, some may be found. If he lives an hour or longer, the greater portion may be removed by absorption."

3. "*On the careful preservation of the stomach and its contents.* If the fluid or solid remaining in the stomach at the time of death is not carefully preserved, there is a great probability, if the residuary quantity be small, that it will not be found."

Dr. Taylor does not place reliance on the tests for detecting the substance in the tissues, and hence the stress laid by him upon these conditions. They hold, however, with regard to the examination of the contents of the stomach. We have not space enough at our command to go further with this portion of his monograph. Sufficient has been said to show that Strychnia *cannot always be detected*, when it has been taken, and that *even* this will not prevent a judgment in the case, since, to use the language of the Attorney General in the Palmer case—"Happily, Providence, which has placed this fatal agent at the disposition of man, has marked its effects with *characteristic symptoms* distinguishable from those of all other agents by the eye of science."

The last topic discussed by Dr. Taylor, is the question—"*What becomes of the Strychnia in a case of poisoning in which it cannot be detected by chemical analysis?*" The counsel for the defence in this case insisted upon the statement that Strychnia, when taken, is detectable, not only in the liquids of the stomach, but even in the blood, the tissues, and probably the bones. And we think the positive statements of their witnesses, if absolutely supported—as they are not—by experience, would justify such a theory. It is due to Dr. Taylor here to state, that his evidence has been greatly misrepresented by the Journals. He has been represented as stating that to produce its effect on the vital organism, it must undergo such changes that would alter its entire nature, and hence prevent its detection. In fact he made no such statement. He had adopted the view advanced by Baron Liebig, that the alkaloids undergo "partial though not complete metamorphosis in the blood." In answer to the question—whether Strychnia undergoes decomposition as it mixes itself with the organic tissues—the reply was, "I believe it *partially* undergoes some change in the blood." The gentleman did not support the theory that the gastric juice or the processes of decomposition would *necessarily* destroy the substance. We do not see the necessity for admitting Liebig's theory in order to account for the failure of its detection. When a *minimum* dose has been taken, the poison *may be so distributed through the blood and tissues* that it would present difficulties almost insurmountable in obtaining a *sufficient* quantity to furnish the crystalline forms, and the colors which the peculiar tests produce with this substance. This fact is sufficient, without having recourse to a theory, which has not, as yet, been fully established.

Space forbids us examining any further this interesting monograph, which we recommend as a capital resumè of the whole subject. Its republication in this country, so as to give a wider circulation than the English edition can have, would be supplying the Toxologist, the Chemist, and the Physician with a most excellent and valuable treatise on the subject,—the most valuable of all yet published on the practical difficulties which arise in all examinations of Strychnia-poisoning. L. H. S.

Annual Report of the Commissioners of Emigration for the State of New York, for the year ending December 31, 1856. New York. 1857.

Annual Report of the Physician-in-chief of the Marine Hospital, at Quarantine. Presented to the Legislature February 4, 1857. Albany, 1857.

These reports, which in ordinary years are extremely interesting to the statistician, and, in a sanitary point of view, are especially so this year, from the fact that they contain a history of yellow fever, as it prevailed upon the shores of our bay during the last Summer.

The first is the complete report of the Commissioners of Emigration of all the institutions which fall under their charge, including the Marine Hospital and Quarantine establishment at Staten Island ; the Emigrant Refuge and Hospital at Ward's Island, and the Landing Place for Emigrant Passengers at Castle Garden.

The number of alien emigrants who arrived at this port in 1856, was 142,342, much less than in 1854, but more than in 1855. The number of patients received at the Marine Hospital at Quarantine, affected with contagious or infectious diseases, was also much below the average of former years.

In the hospitals at Ward's Island, requiring medical aid and surgical treatment, there were 6,147 cases treated in 1856, against 11,532 in 1855, falling much below the average of former years. Of this number admitted into the hospitals (which includes 776 remaining from the previous year and 406 births) 388 died. There were also treated in the Refuge department 5,131 cases not demanding regular hospital treatment and attendance, of whom 138, many of them old chronic cases, died.

The percentage of mortality in the Hospitals proper was, for 1856, 6.31 per cent. on all cases treated, and calculated on the discharges, 7.32 per cent.

On all the cases under treatment in Hospital and Refuge (making in all 11,278), the percentage of mortality was 4.66.

In the Surgical department the whole number of cases treated were 1,756 ; the number of deaths 53, or about 3 per cent. of the number of cases treated.

These statistics, which we have taken from the Report, will compare most favorably with any former year, or any institution of a similar character.

From the Annual Report of the Physician to the Marine Hospital, we gather some important data upon subjects which affect the institution of quarantines, and from this Report, also, we get a detailed account of the history of yellow fever as it fell under the immediate attention of Dr. Harris, the physician of the Hospital.

The total number of patients remaining from the previous year and received into the Hospital during the year, was 1,648, of whom 203 died, and 1,368 were discharged.

The principal diseases treated to which Dr. Harris has especially drawn attention in the Report, are Typhus Fever, Small Pox, Asiatic Cholera, Remittent Fever, and Yellow Fever.

Owing to the excellent sanitary conditions of the Hospital, the mortality from all these diseases, with the exception of the latter, was quite small.

To the latter disease Dr. Harris has given especial attention. In this Report he has stated its period of irruption, traced its progress in the Hospital, the quarantine grounds, and along the shores of the bay, on both Staten and Long Islands, and by means of a map which accompanies the report, the extent of the infected district, and the position in the bay of the quarantine and infected vessels is shown.

Very few persons are at all acquainted with the extent of the fever of last Summer, or the severity of the attack.

In the tabulated summary, "we have recorded," says Dr. Harris, "five hundred and thirty-five cases, and adding three cases that occurred among patients convalescent from other diseases, in the Marine Hospital, we find the total number of well-authenticated cases of yellow fever occurring in the various localities in the vicinity of the port of New York during the past Summer and Autumn, as ascertained by the most rigid investigation, was *five hundred and thirty-eight*. More than one-third of this number died of black vomit."

The lesson which Dr. Harris draws from a reviewal of the facts given in this Report upon the subject of the removal of the Quarantine establishment from its present locality is, "that the present Quarantine anchorage is most favorably located for the ready diffusion of the infection of yellow fever to the populous regions adjacent to the waters of the port and vicinity of New York." The authorities of the State and city have a weighty responsibility if they recklessly neglect the teachings which are contained within the tables of this excellent Report.

Gregory's Chemistry again!

Since our notice of the American edition of this book, in the MONTHLY, our attention has for the first time been more particularly directed to the Fourth English Edition of the Organic portion, which we had not seen before ; and although we had made the statement that "the volume on Organic Chemistry is the best that has appeared for the medical student," we are somewhat surprised to find that the English edition is immensely *the superior* of the American edition, which purports to be its reproduction. We were delighted with the clear and intelligible manner adopted by Gregory, in the treatment of this abstruse branch, it was so superior to all other text-books. The fact was *not* overlooked by us, that the American edition was *not fully up* with the state of the science; yet it seemed that this would be corrected in another edition. We are surprised to find that the editor has palmed off the edition of 1847 as the *last* English edition, while the Fourth English Edition is unexceptionable and as complete as a treatise on this subject can be. So, that while our commendations have been given to *as much* of the English work as the American public were supplied with, we must, nevertheless, *now* condemn the editor for *not* giving us a reprint of the *best* edition that the author has published. L. H. S.

PROCEEDINGS OF SOCIETIES.

NEW YORK MEDICO-CHIRURGICAL SOCIETY.

[Reported for the AMERICAN MEDICAL MONTHLY by J. O. BRONSON, M.D., Secretary.]

September 23d, 1856.—*Dr. Thrasher* presented a very beautiful specimen of atheroma, exhibited throughout the arteries of the brain, accompanied by the following history :

Hannah Jackson, colored, sixty years of age, entered the Colored Home Hospital, August 24th, 1855. She had in her day been addicted to intemperance, debauchery, and sundry other vices not in accordance with the rules of well-regulated society.

Her disease was entered upon the Hospital books as dementia, and, as far as I could learn, from that time till her death, manifested the ordinary symptoms of that affection, gradually becoming more and more stupid and feeble. At times she was quite unruly, and once even attempted to commit suicide. At the time I first saw her, which was about three weeks before her death, she kept her bed the greater part of the time, though able to walk about. Paid no regard to cleanliness or decency in defecation and micturition—sometimes would answer questions, and at others would not—stared vacantly about with a peculiar blank expression.

Had a varicose ulcer upon her leg, and several bed sores, of which she took little notice.

She continued thus till Wednesday morning, September 18th, having been in this condition more than a year, when she became comatose—pulse slow and feeble, and the action of the heart very labored. In this condition she lingered till Thursday evening.

Autopsy.—Eighteen hours after death ; body considerably emaciated ; cadaveric rigidity imperfectly established. Brain of a pale color, slightly atrophied, and considerably softened, presenting in general an unhealthy appearance. The ventricles were found distended with a serous fluid—a few drachms were also found in the cavity of the dura mater. The arteries were found extensively ossified at the base of the cranium, especially at their entrance through the foramina, and more or less ossific or calcareous deposit was found throughout their whole extent. The coats of the arteries were unusually firm and thick, as will be seen from the accompanying specimen. They contained very little blood. The pituitary body seemed to be nearly destroyed, and the cella Turcica bore strong marks of chronic inflammation. While the dura mater all about was smooth and shining, just at this point it was disorganized, and its fibre, together with the investing membranes of the pituitary body, were infiltrated with a turbid bloody serum or sanies, filling up the whole cavity and seemingly extending to the bone beneath. Each of the lateral ventricles, attached to the choroid plexus, and the third ventricle also contained a small tumor or coagulum, the size of a pea or larger, of a gelatinous consistence, semi-transparent, and of a light color, resembling coagulated fibrin, interlaced with vessels.—Thorax : Lungs healthy. Heart slightly hypertrophied on the left side ; walls of the right ventricle uncommonly thin. General tissue of the heart flabby and easily torn. Slight atheromatous deposit in the coronary arteries and in the aorta. All the arteries were thickened and firm—the arch of the aorta almost cartilaginous. Abdominal organs normal.

Dr. Conant made some observations on the occurrence of apoplexy without disease of the arteries, and remarked that it was very rare for so much disease to exist in other arteries and not in the aorta. He also remarked upon the usual condition of the skull as being very thick in those persons in whom the brain was found condensed and atrophied, and instanced cases coming under observation in making *post mortem* examinations at the Asylum for the Insane, at South Boston, Mass. He had thought that the skull had become thick to compensate for the loss of substance in the brain.

Dr. Cox also remarked that he had observed a similar condition in like cases.

Dr. Bronson exhibited about two ounces of fluid loaded with floculi and amorphous matter collected from a case of chronic synovitis, by incision into the cavity of the joint. The patient suffering from the disease, a man about sixty-five years of age, and a ship carpenter by trade, about four years ago, while carrying a burden in his arms, fell and sprained his wrists. A few days after, while rowing a boat against a strong tide and wind, he was obliged to make great exertion, producing most painful effects. As the night came on the pain became so severe that he could not sleep. The wrist continued weak and more or less painful for three years. About one year ago, a swelling appeared upon the back of the joint, as near as could be ascertained, like a ganglion. From that time the swelling increased gradually until at the time of making the incision, the wrist had become about four inches in its radio-ulna diameter, and extended from the carpo-metacarpal articulation a distance of five inches toward the elbow. At a point about one inch above the styloid process of the ulna, the most prominent point of the enlargement, presented and gave a sense of fluctuation. At this point an exploring trocar was passed, and a few drops of colored albuminous fluid flowed. After withdrawing the trocar, an incision with a bistoury was made about one-half inch in length, and the fluid presented was collected. The solid bodies in the fluid, being subjected to the microscope, presented a granular amorphous appearance. The fluid was stained with blood, and had floating in it some few pus globules. Dr. Bronson anticipated a favorable result, although the patient's age and the circumstances bore unfavorably upon the issue.

Dr. Budd, upon request, then gave a brief review of his observations on yellow fever, at Bay Ridge, and also a synopsis of his own case.

About the first of August he was called to see a case in consultation with Dr. Crane, in the person of the eldest daughter of a gentleman living at Bay Ridge. The disease rapidly ran its course and the patient died in three days. In a few days the second daughter was attacked and Dr. Budd was again called in consultation. Her symptoms were nausea, intense pain in her back and head, suffusion of her eyes, and in her skin a yellow discoloration. The case was comparatively mild. She was placed under the mercurial treatment, and the peculiar effect was produced upon the gums.

The father was then attacked with very violent symptoms. Mercury was administered and ptyalism effected on the second day, yet he died on the third day with black vomit. Suppression of urine was observed through the whole course in all three cases.

At this period of time the disease began to spread from the Bay to Fort Hamilton; Dr. Crane having some ten or twelve cases under his care. In three cases, quinine was given, as recommended by Dr. Stone, and they died of cerebral congestion. For three weeks time he visited the infected district daily. As to contagion in the disease the Doctor was inclined to speak negatively. Out of nine attacked, who were removed out of the district, five died. In the convalescent stage, rest is most certainly to be enjoyed. A young man, so far recovered as to be able to dress himself, rode four or five miles, and died the next day of hæmorrhage from the stomach. Hæmorrhages were general. The mineral acids were serviceable. The muriated tincture of iron was valuable.

As regarded his own case, it was first exhibited in a sense of weakness, while returning home after visiting some patients with Dr. Crane. On arriving at his house he had pain in his head, and in five or six hours, severe pain in his back, and he became somewhat delirious. Dry cups were applied. The next day nausea appeared, which continued for a week. A blister was then applied over his abdomen, and upon the blistered surface morphine was sprinkled. This, and only this, was effectual in relieving the symptoms of pain and nausea. For twenty-four hours he had retention of urine. When it flowed it was scanty, dark colored, and highly offensive. When convalescence commenced his pulse was as low as forty-five. He was confined to his bed three weeks.

October 14th, 1856. *Dr. Conant* presented, for *Dr. C. A. Budd*, a lung, the kidneys, and a portion of liver, accompanied by the following history:

The subject from whom the accompanying specimens were taken, was a gentleman 38 years of age, who had always been a high liver, and an habitual drinker,—seldom intoxicated, but occasionally drinking to excess,—and of irregular habits. He had, for several years, been subject to attacks of dyspepsia, usually following excess, which were always relieved by a brisk cathartic. About two years ago, he began to complain of urinary difficulty, passing very large quantities of water. This he attributed to an obstinate attack of gonorrhœa, which had existed some eight or ten years previously. Suspecting diabetes, I had some of his urine analyzed, and it was found to be unusually rich in sugar. An animal diet, with total abstinence from all farinacious compounds, and vegetables, was enjoined, and the tr. ferri muriat, with opium, prescribed. He continued on this course of treatment for a long time, with marked and decided benefit ; but latterly,—considering himself well,—he relapsed into his old habits, and on Sunday afternoon, the 12th inst., (having attended a wedding on Friday night, and indulged freely, and feeling slightly unwell all day on Saturday,) he was attacked with severe abdominal pains, which he could refer to no particular locality. From this,—resisting all treatment—he rapidly sank into a state of collapse, and died on Monday morning, with tetanic spasms of the opisthotonic character.

Autopsy eight hours after death : The rigor mortis well marked, and the animal heat still existing. The intestines congested, as well as the mucous lining of the stomach, which was also slightly softened. The liver bore strong evidences of what is commonly known as the "rum liver," and was considerably softened and enlarged—under the microscope it showed fatty degeneration in an advanced stage. The kidneys were very much hypertrophied and bore evidences of Bright's disease. Microscopic examination confirmed the appearance. The heart was healthy, and at the summit of the right lung (as may be seen) was found a calcareous deposit of considerable size. Another peculiar condition of this viscus may be observed in the fact of there being six well marked lobes. The urinary bladder contained about ℥vi of urine, which, strange to say, chemical analysis showed to be free from sugar, but loaded with albumen. Brain not examined.

Dr. Conant made some remarks on the pathology of diabetes, and asked if patients ever recovered from the disease ?

Dr. Cox replied that they did, and instanced a case in support of the declaration.

The calcareous deposit in the lung elicited remarks from *Drs. Davis*, *Richards*, and *Lee*, concerning its pathology and frequency *Dr. Richards* related a case in which calcareous deposit was expectorated, presenting casts of the minute bronchi. *Dr. Cox* spoke of a *post mortem* case, which exhibited the deposit in a state of mortar, still soft.

Dr. Cox presented, for *Dr. Carnochan*, an amputated hand, exhibiting a tumor, of malignant character, in its palmar aspect, and a leg amputated just above the knee-joint, for chronic synovitis. The tumor first appeared twelve years ago, at that time about the size of a walnut. The man being in the constant habit of using a sledge-hammer, kept up thereby a continual irritation, and it gradually increased, until it reached its present size of about two and half inches in diameter. The microscope confirmed the opinion expressed concerning its character. As far as can be ascertained, the case is original, there being no hereditary taint.

The leg was removed that day from a woman, who was received into the Hospital on the first of June, then very feeble and suffering extremely from the irritation produced by the long existing synovitis. Amputation was at that time proposed, but not performed, on account of the opposition of the patient. No amelioration following treatment, she finally consented to the removal of the limb. Upon opening the joint, extensive disease was exhibited, it being the seat of a scrofulous abscess; the bones contiguous were denuded of periosteum.

Dr. Thrasher presented a *kidney, stomach, spleen,* and portions of *other viscera,* removed from a patient deceased from *albuminuria,* with the following account of the *autopsy,* made fourteen hours after death: Cadaveric rigidity quite firm. General serous effusion throughout the areola tissue of the trunk, but not excessive. Jugulars distended with blood, and prominent. Body not emaciated, but covered in many parts by a layer of adipose tissue. On cutting through the integument over the abdomen and thorax, a serous fluid flowed very profusely, and blood, of a watery character, flowed from the veins where they were divided. The right kidney was of about three-fourths the normal size, invested by very loose cellular tissue, between it and the peritoneum, which was everywhere attached to it loosely. The color was nearly natural, though a few yellowish patches were seen upon its surface. The surface was covered with minute sacs in the cortical substance of the organ and not projecting beyond the surface. These were filled mostly with a clear transparent fluid—some seemed to contain air or gas; they were from one to three lines in diameter. There were three or four cysts of apparently the same character, though very much larger, and in every case projecting beyond the plane of the surface of the organ, which contained a dark fluid—one of these projects nearly the size of a filbert, and seemed to contain a dark brown fluid. The left kidney was larger, but presented the same encysted appearance; but none were so large as in the right, and none contained the dark matter. Now, did this man die of uræmic poisoning, effusion into the pericardium, or organic disease of the heart? I tested some of the blood and serum from the thorax, but did not detect any urea—at least any odor of urea. I had no means of examining in any other way at hand. *Thorax*—effusion in the thoracic cavity, very slight. Right lung healthy in appearance, very much enlarged, and occupying rather more than half the thoracic cavity; it collapsed but slightly on the admission of air. Left lung atrophied—occupying only about one-half the left pleural cavity, and firmly aherent to the ribs for about the posterior third of their length, also firmly to the diaphragm below—a portion of the lower lobe seeming to be enclosed in a fibrous investment, projecting from the diaphragm. The lung tissue was of a dark color and very firm. The heart and distended pericardium occupied the remaining half of the left plural cavity. The pericardium contained from a pint and a half to a quart of clear fluid. The heart was greatly hypertrophied—of nearly twice the normal size. The right ventricle and left auricle were each distended with uncoagulated blood. The left auricle was enlarged, so as to form an aneurismal sac capable of containing ℥viij or ℥x of blood. The walls of the left ventricle were greatly thickened ; the left side of the organ, measuring from the apex to the base of the auricle, was about an inch shorter than the right. The left ventricle contained a small clot, the only coagulated blood which we saw during the examination. Both sides of the heart contained a large amount of coagulated fibrin. In cutting through the inferior vena cava, we discovered a mass of clotted fibrin, and on taking hold of it, drew out a cast of the vena cava, hepatic, iliac, and femoral veins ; no such coagulum was found in the aorta.

Abdomen—liver about the normal size, but presented the tuberculated appearance of cirrhosis; extremity of the left lobe attached to the diaphragm. The spleen was found, surrounded by a fibrous cyst, lying against the stomach, near its cardiac orifice, to which it was firmly attached ; it was also attached to the diaphragm opposite the attachment of the lung before spoken of. The left extremity of the pancreas was also adherent to the spleen. On opening the cavity of the stomach, a cicatrix was found opposite to the attachment of the spleen, which led us to conclude that the abscess, from which he suffered some two years ago, was an abscess of the spleen, opening into the stomach, and the displacement and adhesions were also the result of it. The *pancreas* was enlarged and hardened, and the right extremity was attached to the duodenum.

SELECTIONS.

The treatment of Ovarian Disease has lately occupied the attention of several meetings of the Academy of Medicine in Paris. We have already given the translation in full, of the observations of some of those who participated in that discussion. The following epitome of the more important conclusions of other members of the Academy, we take from the *Edinburgh Medical Journal*, for March, 1857.

M. Huguier, again, after dilating at considerable length on this subject, comes to the following conclusions :—

1st. Ovarian cysts are not of so benign a nature as is generally supposed, but, on the contrary, they are, on many accounts, of very serious importance.

2d It is an error to suppose that, in the majority of such instances, life is prolonged to an advanced age : the younger the patient, the more speedy is the fatal termination.

3d. Unilocular cysts, which have not undergone any organic alteration in their parietes, and with serous, sero-sanguineous or albuminous contents ; cysts which originate in extra-uterine pregnancy ; and purulent cysts, are those in which a cure is most easily obtained.

4th. Areolar and multilocular cysts are not to be interfered with, unless, while being of small size, they occasion much suffering or inconvenience ; in such cases there is less risk in adopting the ordinary surgical treatment than where they exist of larger dimensions.

5th. The most favorable period for operating is, when the tumor is not yet very large, but has begun to occasion suffering to the patient, or to give rise to the disturbance of function.

6th. The employment of only one mode of treatment seldom succeeds ; most frequently several must be combined.

7th. Among injections, those of iodine appear to be employed with most success ; they are seldomest followed by bad consequences, and are most likely to prevent purulent infection.

8th. The cyst should, as far as possible, be acted upon through the vagina, rather than through the abdominal walls.—*L'union Médicale*, Nov. 13, 1856.

M. Jobert (de Lamballe), after advancing his views upon this subject, stated, as a *resumé* of his remarks, that, in his opinion, the pathological anatomy of ovarian tumors ought not to be taken as the guide for their therapeutical treatment, since it is, in all cases, upon the cystic membrane that injections act in determining the effusion of plastic material and the occurrence of adhesion. Whether the cyst may have originated from a vesicle, from a pyogenic membrane, or from a sero-mucous sac, it will be found susceptible of obliteration and cure, without having suffered any other change or degeneration.

Punctures, repeated at short intervals, may produce obliteration of the cyst by an albuminous deposit; and the mode of cure by injection, he regards as similar to what takes place in hydrocele under the same treatment.

Cysts of long standing, and which have attained a large size, although they be not cured by injections, are yet capable of being beneficially modified by them, inasmuch as the quantity of exudation is diminished under their use. Injections of iodine, or alcoholic injections, are sufficient to produce a greater or less degree of inflammation in the cyst, when brought into direct contact with its internal surface; and such injections, made into the liquid matter contained in the cysts, never occasion any accident, while they, at the same time, produce adhesive action. The tumor may reappear after its obliteration, and a repetition of injections seems necessary for the complete cure of ovarian cysts.

Simple puncture, says M. Jobert, should be preferred, when the cysts are much inflamed and degenerated. It ought to be early performed, in order to avoid the risks of morbid changes in the cyst, its rupture, diffuse peritonitis, acute or chronic, and exhaustion of the patient's strength.

Incision he considers necessary in some exceptional cases, such as those of circumscribed abscess in multilocular cysts.

Electricity, M. Jobert also mentioned as capable of exciting absorption in some multilocular cysts; and the extirpation of ovarian tumors, he concludes, by characterizing as an operation dangerous in its nature, and one which ought to be resorted to only in very few cases.—*L'union Médicale*, Nov. 20, 1856.

M. Velpeau, in addressing the Society, said, that he questioned whether the duration of ovarian cysts could with certainty be determined. The views entertained upon this subject were far from being so clear as might be desired—the statistics collected with reference to it setting forth ten years, six years, and two years, as the average duration of the disease. But an important point to be ascertained was, upon what grounds were these statistics founded. It must be kept in mind, that, so long as a cyst of this nature does not exceed the dimensions of an egg, or even an orange, we never know of its existence; and where a medical man has a tumor thrust upon his observation, it may be of the size of a child's head, far less a sac capable of containing ten or twenty litres of fluid, the date of its commencement is perhaps eight or ten years back. We therefore do not, and cannot, know what is the average duration of this disease.

I believe, says M. Velpeau, that, in the great majority of cases, patients live longer than six years, perhaps seven or eight years, after these tumors become appreciable; and as, in many instances, without any treatment, life is prolonged even for fifteen or eighteen years, it would be unwarrantable to adopt any measures which involve great danger in themselves; yet, at the same time, since, sooner or later, this disease leads to a fatal termination, there is evidently room, in one sense, for operative interference. With regard to the pharmaceutic treatment of the affection, it appears somewhat remarkable that MM. Cruveilhier and Trousseau should deny the possibility of cure in this manner, as I am confident, says M. Velpeau, of having seen such cures in my own practice, although it may be impossible for me to convince others of this circumstance.

When the cysts are of small size, their spontaneous or accidental rupture may, as has been stated, lead to their cure ; but, in many cases, death is also a frequent consequence. According to statistics given by Tilt, in seventy cases of rupture, thirty deaths resulted—a proportion which does not make such a mode of cure very desirable. Besides, it is not a termination of frequent occurrence. I have seen it happen on two different occasions, and in both with fatal effects.

I come now to speak of simple puncture—palliative puncture—a remedial measure resorted to on all hands. I have observed, with regret, that a certain passage in my first address to the Academy, should have given rise to some very exaggerated notions of the serious nature of this operation. M. Trousseau has referred to the table of twenty-one cases of simple puncture, as they have been drawn up by Southam. Among these cases, four, it appears, died in twenty-four hours, three in the course of the first month, and fourteen at the end of a year. I cannot admit this proportion, although similar mortality, and even greater, is found among the statistics of several English and German practitioners. Thus, in thirty-six cases given by Lee, we find three women dead within twenty-four hours after the puncture was made, six in some days, and twelve in a year ; in short, twenty-four deaths during the course of the first twelve months. The statistics of Kiwisch are not less dreadful : of sixty-four cases of puncture, we find nine women dying within twenty-four hours, and others in less than a year. Among 132 cases cited by Fock, we find seventy-four deaths in less than a year. The four cases in which I myself have seen death follow closely upon the operation of puncture—and it was only in four cases—do not rank among ordinary instances. In upwards of thirty years' practice, I have punctured 310 or 312 times, and according to my notes and recollection, the women have survived from six to eighteen years. One of them, on whom I have repeated the operation thirty-eight times, has lived for fourteen years.

How, then, are those alarming statistics to be explained ? Simply by their being framed under different circumstances. Favorable in the hands of one man, they become unfavorable in the hands of others ; for example, if puncture is performed *in extremis*, the operation may be speedily followed by death. But I need not dwell longer upon the reason of the discrepancies existing between the results obtained by our brethren of England and Germany, and those every day falling under our own observation. In my own opinion, the operation of palliative puncture is not dangerous, except in certain complicated cases. If death occasionally supervene upon its performance, it is only in the same way that we find bloodletting occasionally followed by phlebitis.

With reference to the radical cure by extirpation, there is an admirable paper by M. Ch. Bernard, physician to the hospitals, published in the *Archives* of this year, in which I observe a table as follows: of 292 cases of extirpation of the ovary, 100 deaths, and 100 cures; ninety-two incomplete operations, and of these thirty terminating fatally. Now, I ask what is meant by the operation being incomplete? It is this: the abdomen being laid open to an extent proportioned to the volume of the cyst, adhesions being discovered, which render the removal of the tumor impossible—this wound is brought together again,—and—thirty women in ninety-one die after such an operation, while simple puncture kills twenty-one in forty! Another calculation, cited by M. Bernard, gives seven deaths in thirteen cases of ovariotomy; and a third gives fifteen in fifty. Such results I can scarcely comprehend. We consider a a small opening made in the peritoneum, as is done in strangulated hernia, a most serious matter; while it would seem to be a simple operation to lay open the whole abdomen, to dissect the peritoneum, as if for an anatomical demonstration, and to remove a tumor, in doing which, too, we require to employ such a number of ligatures. The fact is somewhat remarkable. Can it be that unsuccessful cases are hushed up, and that those published as successful ones, are not so in reality. Whatever it may be, let us keep this in mind, that fifteen women did die in consequence of the *incomplete* operation; and, had the cyst in these cases not been interfered with at all, in all probability the patients would have lived out the ordinary term of those laboring under this disease.

I would, therefore, altogether discountenance the performance of extirpation, although I rather inclined to advocate it in 1839; to render it justifiable, life would require to be threatened, and to render it rationally practicable, the tumor would require to be of small size; but then, in this condition, it would not be inconsistent with the duration of life for many years. We must not envy our American brethren their practice of ovariotomy: surgery in France is at the present day in an excellent position, at once combining boldness and caution, while it appears to have renounced all rash operations; wherever it interferes, it is desirous that the operation should be less dangerous than the disease.

The next subject to which I would refer, is that of puncture, followed by irritating injections into the cysts in the ovary. This method is not in every respect new, as it is similar to that followed in the treatment of hydrocele. Towards the close of the last and the commencement of the present century, the surgeons of England and France have occasionally injected hot wine into cysts of the abdomen, and even into the peritoneum itself, and it is now thirty years since M. Jobert has injected alcohol into ovarian tumors. How is it, then, that such an operation has, at the present day, created such an excitement? It arises from the bad consequences which followed those former trials of it—from the number of deaths which occurred as their result. But this state of matters has been materially altered, since; from innumerable examples, I demonstrated that injections of iodine, in the case of hydrocele, determined an inflammation of the tunica vaginalis, less painful in its nature, and of a moderate degree of intensity; that a portion of the liquid injected might be retained with impunity, and that it was even advantageous to let it be so; and that, should a few drops of the iodized fluid escape, it did no great harm. Moreover, I also observed that iodine did not give rise to inflammation, except where it came in direct contact with the tissues; thus, hot wine could never be risked as an injection in congenital hydrocele, lest, as there was good reason to fear, a spreading inflammation should be set up, and which might extend by contiguity to the peritoneum. Such inflammation is so little to be dreaded when we employ a watery solution of iodine *(de l'eau iodée)*, that, in injecting the sac of a hydrocele which communicates with the cavity of the abdomen, it is scarcely necessary to made any separation for the moment, between the two cavities by pressure of the finger at the inguinal canal. Having observed this property in iodine, I have used it with success in cysts of the spermatic cord, in old hernial sacs, for the radical cure of hernia, in cysts of the groin, of the thigh, of the axilla, of the breast, and of the thyroid; I have also employed it in cases of obstinate articular effusions, and principally in that of the kee—the most extensive articulation in the body. The same experiments were made at that time by M. Boinet and many other surgeons. The application of this mode of treatment to ovarian cysts is pointed out in my treatise on operations at the date of 1839; and, in fact, numerous cases of that affection have been already treated in this way. M. Robert appears to be the first who attempted it in France, and others have introduced it in England and Germany. M. Boinet has practised a great number of iodine injections, at the same time that I have also tried it in a number of cases, although with less enthusiasm than our confrere, who has followed out this method so vigorously as almost to make it his own. MM. Jobert, Monod, Demarquay, Huguier, Fock, Briquet, and Nelaton, have all reported their quota of facts; the whole, along with my own cases, forming an assemblage of 130 examples. We must, no doubt, cut down this number, for some cases have been doubly mentioned in the statistics of M. Briquet, for instance, and M. Boinet. I cannot say exactly if, among the examples of MM. Monod and Demarquay, any of these are introduced into the statistics of each of these surgeons. M. Jobert speaks of twenty-six operations, and, in his address of Tuesday last, he only detailed ten cases. Could it be that these twenty-six operations were performed on only ten patients? In all, there have been thirty deaths, and sixty-four cures; in the other cases the disease recurred. In 130 patients, thirty deaths is a considerable proportion; should such really be the mortality of the operation, I would not be inclined to recommend the injection of iodine in ovarian cysts.

On the other hand, the proportion of sixty-four recoveries is worthy of being taken into consideration.

But to what cause are we to attribute the unhappy termination of some of these cases where iodine has been injected? Ovarian cysts differ considerably from each other; the diagnosis of these, according to certain of our learned colleagues, is an easy matter. Perhaps so; but, for my own part, I regret being less competent in this respect. In my opinion, nothing is more difficult. There are cysts of the Wolffian bodies; cysts upon which MM. Follin and Verneuil have published interesting memoirs; there are some of these singular cysts attached to the ligaments, like the nest of a loriot to the branches of a tree; some are connected with the uterus, and of these M. Haguier has given an excellent description; several enclose a thick epithelium, which prevents the adhesion of their parietes by inflammatory action; and, among the cysts proper to the ovary, those arising from a Graafian vesicle contain a gelatinous or a sanguineous fluid, while the contents of the others are serous. The cysts of the peritoneum, like these last mentioned ovarian cysts, resemble hydrocele in their anatomical constitution, and require the same treatment. But it seems to me difficult to establish between these different kinds of cysts any positive diagnosis, and yet it would be of importance if we could ascertain the nature of the fluid contained within their sacks. I have already mentioned, that when the contents are serous, it indicates that the surface from which it is effused is serous also, and that it is in these cases that the chances are most favorable for the operation. It may be asked, whether it is then to be adopted exclusively in cysts of this nature; but, having seen it succeed in those where the contents were bloody, I believe it also suitable for cysts enclosing fatty or sanguineous matters.

Of thirty cases of death, however, to which I have just alluded, twenty of them do not belong to what is more correctly the iodine injection method, but to a mode of treatment under consideration at the present day, and which consists in leaving the canula of the trocar within the wound. The operation of puncture, followed by injection, has been erroneously confounded with that where a foreign body is left in a permanent opening into the tumor. But the circumstances of the two cases are entirely different. In the first, the curative process takes place under the skin. It is a subcutaneous method of cure, and is unattended by suppuration. In the second, suppuration is induced; and, supposing this to take place over the surface of a sac, capable of containing thirty litres, how is the patient to withstand such a secretion of pus? The iodine injections practised in such cases, moderate the amount, and restore the quality of the pus secreted, and thus do not occasion exhaustion by the drain produced. Moreover, the facts speak for themselves. On twenty occasions, and perhaps oftener, death has followed a permanent opening being made in these cysts, as the result of cases by MM. Robert, Briquet, and Fock, has proved; and now, if we deduct from the thirty cases of death, twenty resulting from puncture where a canula or sound was left in the wound, there remains only ten deaths to sixty-four cures. There is here a very satisfactory proportion, and one which may in future become still more so, since as yet this method of treatment has been employed more as an experiment than otherwise.

The essential point to be established is, whether puncture, followed by iodine injections, is attended with greater danger than puncture alone, or are both methods equally safe? Should the latter conclusion be arrived at, then there is no difficulty in the choice. We have in the iodine injections a mode of treatment by which three patients in four are cured—that is to say, a most serviceable remedy. Science, as well as humanity, are equally interested in the early decision of this question.

In conclusion, it appears to me, from what I have seen and from what has been observed by others,—

1st. That ovarian cysts have a duration of six, ten, or twelve years.

2d. That they are susceptible of cure, either spontaneously or under the influence of pharmaceutic treatment.

3d. That a cure may follow their rupture, although such an event is more generally attended with unhappy consequences.

4th. That palliative puncture of ovarian cysts is not a dangerous operation; that it may lead to a complete cure in certain cases, these being indeed very rare; that it involves the disadvantage of inducing, or hastening the exhaustion of the system, by occasioning the loss of enormous quantities of fluid.

5th. That extirpation is an operation so terrible in its nature that it should be proscribed, even allowing the alleged successful cases of its performance really to exist.

6th. That the only injections, of an irritating nature, to be employed, are those of iodine; and that these are applicable in all the serous cysts of the abdomen, connected with the ovary, or foreign to that organ: (with regard to cysts of a multiple or areolar description, or complicated with various kinds of degeneration, they are not to be touched).

7th. That iodine injections may also be employed in cysts containing fatty unsanguineous matters, after premising repeated punctures, with the view of transforming such cysts into collections of serous fluid.—*L'union Med.*, Nov. 7, 1856.

EDITORIAL AND MISCELLANEOUS.

— The regular meeting of the Academy of Medicine for April was very fully attended, many Fellows being present from a desire to hear the discussion upon Puerperal Fever, appointed for that evening. In this they were in some measure disappointed, for the stated business of the meeting was set aside for the purpose of listening to an able paper upon the Pleura, read by Dr. Isaacs. This paper was statistical, giving the results of the author's observations upon one hundred subjects, relative to the anatomical relations of the pleura, particularly in reference to its elevation above the clavicle, and its relations to the subclavian artery. The conclusions to which the author arrived, were that the pleura rose higher above the clavicle than is stated by any writer upon anatomy, and that its relation to the subclavian artery is of the greatest importance in all surgical operations of that region.

After the reading of this paper, the Committee appointed at the last meeting to draft appropriate resolutions respecting the death of *Dr. E. K. Kane*, reported. Previous to reading the resolutions, Dr. J. W. Francis, the Chairman of that Committee, requested the privilege of presenting to the Academy some expression of his personal feeling, which it had been his pleasure to prepare. These remarks of the venerable doctor are so full of eloquent and genuine sentiment, that we do not hesitate to insert them in full, as we find them reported to a daily journal.

Dr. Francis proceeded to read as follows :

As a member of the Committee appointed by the Academy to offer for your adoption, should they meet your approving decision, resolutions on the death of the late Dr. Elisha Kent Kane, I can scarcely withhold a remark or two on this melancholy occurrence. The occasion is one of profound consideration. The lamentable fact of his early death has now become widely known, and wherever known is regretted with a sorrow that has scarcely limitation, and is felt as almost a personal bereavement. The expressions of that grief have been already diffused throughout our vast Republic, and never has an individual character, unassociated with the dignities of high official station, received loftier commendation from the national voice. His death seems to have reached the hearts of the entire American people, and will doubtless be sympathized with by the wise and good of the Eastern world. I consider the late Dr. Kane to have been one of the most remarkable men of his time, and to have already been recognized as such. His physical and mental energies are hardly to be found recorded in the ample page of biography. With a constitution singularly delicate and refined, with a corporeal development that gave no special tokens of great muscular strength, of a size below the ordinary height,—slender, susceptible, and of quick movement,—he evinced a power and capacity for laborious service and marvellous endurance in trial beyond that which the stoutest and strongest have shown. Though what might be popularly called a diminutive man, he was of fair proportions, of compact elements, comely and attractive in appearance. I betray in no wise the confidence of friendship, when I state, what I derived from his own lips just before his last departure from New York, that his greatest weight had been 97 pounds, and that during a portion of his Arctic career it did not exceed 93 pounds.

His intellect was of a peculiar order, alert, rapid in combination, and of large forecast. He was analytic and synthetic. His range of thought was wide, his combinations singularly immediate. The simple and the compound are equally open to his perceptions. Early disciplined in the schools of literary and scientific instruction, with such faculties, his acquisitions were great and various. To a fair scholarship in the ancient languages, he added the sciences of astronomy, navigation, natural history, in its several relations of botany, mineralogy, geology, chemistry, and the departments of physics which fall within the compass of a liberal medical education. He was an artist ; he was an ethnologist. He was a searcher after truth, an explorer of the mysteries of nature, and periled life in his devotion, with the daring of a soldier, and the stimulus of a scientific adventurer. He studied philosophy, as the handmaid to useful purposes. His confidence rarely halted, however surrounded with difficulties. On the contrary, unexpected occurrences were no obstacles, but met with new devices, and assurances of hope, presaged in the midst of conflicting issues. He was a mighty traveller ; had seen men and cities widely remote ; had borne vicissitudes of divers climes, and miraculously survived the assaults of pestilence in its most hidden forms. China, India, and Ceylon, the Pacific and her isles, Egypt and the Nile, loathsome Africa, lovely Greece, Mexico and her antiquities, were his preparatory trials. Nothing that unfolded the handiwork of nature was ever indifferent to him. He contemplated a pebble—he surveyed a pyramid. He was a disciple of God's garden. It was rare indeed that you encountered an individual of his cosmopolitan experience. His conversational talents were most engaging ; terse in description and sententious ; prompt in utterance and discriminative ; he secured an audience at will, while the convictions of his own belief and his ample knowledge led captive the auditor of his eloquent logic. As his speech was glowing, so too we find his writings, clear and vigorous, united with a bewitching rhetoric, at once enlarging our comprehension and fathoming the heart. No writer of fiction has assumed a finer sentiment than he betrays in his narrative of the Arctic explorations. His work has become a fire-side companion, and the icy world grows familiar as the parlor story or the devotional hymn. Youth forsakes his school-boy recreations to study its astounding incidents, and listening old age marvels how long it has been kept ignorant of the wonders of Providence. Tears are shed at the record of his multitudinous hardships—how many have burst from his own anguished eyes at the sufferings of mortals he has met amidst the vicissitudes of his own adventurous life !

Dr. Kane was too guileless to be able to conceal the benevolence of his nature, and his manly sensibility gushes forth spontaneously whenever the noble instincts of humanity are summoned into action. I am told that he was a rapid writer; that he sequestered himself, after his last return, within the apartments of his library, greatly to the detriment of his already wasted health, in order to bring forth his captivating volumes at brief summons, for the gratification of an anxious public, and it is wonderful to think that while in the Arctic regions, with all its horrors, with his disabled crew, and himself wearied, and the victim of disease, he could have penned such beautiful thoughts, so abounding in imagery and in description, always subjected to a harmoniously religious meditation. How eminently practical he was in every need, in every reverse! How admirably he preserved the integrity of those three special rules which he adopted upon his embarkation! They were rigidly adhered to through all the vicissitudes of the expedition. He adds: "We had no other laws."

I have spoken of his physical powers and of his intellectual qualities: let me glance at those of the heart. That organ which I may say constitutes the microcosm of man in his social state, in Dr. Kane was by nature tender and devotional, and by culture had become possessed of the great elements of Christian philosophy. Modesty and humility found favor within his breast. With a fortitude and a perseverance that would have entitled him to the admiration of a Zeno, he had the winning simplicity and tenderness of the gentler sex. In his most familiar converse no word dropped from his lips at which even fastidious modesty could be annoyed, and to his own transporting achievements he rarely made reference unless to satisfy the curious inquirer; for be it understood that the interests of humanity far outweighed in his generous bosom commercial extension or geographical knowledge. The plaudits of mortals were less in his estimation than the approving smiles of Heaven. He was in the amplest acceptation of the term a philanthropist. While memory retains her seat, so long shall I cherish the recollection of his enthusiastic utterance to his noble friend Henry Grinnell, in reference to the then still hopeful prospect of the recovery of Capt. Franklin and his companions. It yields untold comfort to my anxious mind, involved in the cares of professional toil, sometimes to remember that while a child I had seen Alexander Mackenzie, the first white man who traced his way across the Rocky Mountains and gazed upon the Pacific Ocean; that I cherish a personal knowledge of Capt. Franklin and his companions and biographer, Dr. Richardson; and that Kane, an American explorer, who was the first who came within sight of the great Polar Sea, can be recorded as a personal friend.

The eloquent and able eulogist, Rev. C. W. Shields, in his thoughtful and appropriate address, at the interment of Dr. Kane, has beautifully said: "Let us believe that a faith which supported him through trials worse than death, did not fail him when death itself came." Another intimate friend of Dr. Kane thus expresses himself: "But above all,—governing and guiding all,—there was a spirit of true Christian benevolence and Christian dependence. This it was that nurtured and sustained him in times of his greatest suffering and anxiety; this it was that gave him firmness, confidence and power, before which the rudest spirit bowed." Testimony abounds that, though weakened and worn to an extreme degree, his mind rose superior to his physical sufferings, and preserved its faculties entire; that he was conscious of his approaching end, and prepared for the change. His Christian confidence wavered not; the benignity of his nature was edifying throughout all his sufferings; and one of his very last expressions was, that he held in little estimation that man who was afraid to die. Dr. Kane adds another imperishable name to the long catalogue of the members of the noble faculty of physic, who, in their lives and in their deaths, have enriched the panoply of faith by labors in humanity, and who, by their writings, have demonstrated the excellence of the Christian's hope.

The resolutions were then read, and it was voted that they, together with the remarks made by Dr. Francis, should be transmitted to the bereaved family.

This business being completed, the stated subject for discussion then came up, and Dr. Francis, who was appointed to open it, made some brief remarks. He did not think it was necessary to trace the symptoms of puerperal fever, which were familiar to all. He would approach directly the subject of contagion. He avowed himself a decided believer of its contagious character, and its specific origin, and agreed with the older writers, who were all contagionists, that it was a fever like other fevers, differing only in its locality. The difference which now obtains upon this point was commenced by Gordon in 1789, and has continued since. Many modern teachers do not believe in its contagious character, but his experience and observation of forty-eight years duration, has strengthened him in his belief upon this point.

Dr. J. M. Smith then read a long and carefully prepared essay upon the subject, reviewing the opinions of the best authorities upon the causes and mode of propagation of puerperal fever.

The discussion of the subject was interrupted by the reading of a long paper, which we hardly think is doing justice to the spirit and freedom of a discussion. We would much prefer listening to Prof. Smith's own opinions, and to a recital of his own experience, than to a lengthy *rechauffeé* of the opinions of a host of writers upon the subject. This, it seems to us, is the intention of a discussion, and when it comes to reading didatic treatises, the benefits and forcible practical results of a discussion are lost.

Dr. Smith can well afford to yield to the spirit of debate which is in him. His language is chaste and elegant, his delivery smooth and forcible, and his reading and experience extensive, while there are few Academicians who can so readily get and sustain the undivided attention of the Academy. In fact, his extemporaneous opening of the debate upon rheumatism, in March, made that sitting extremely interesting, and was more to his credit than the prepared paper upon puerperal fever.

Upon the conclusion of Dr. Smith's paper, the Academy adjourned to a special meeting to be held in two weeks, for the further consideration of the subject of puerperal fever.

At the special meeting, Dr. Smith again made a few remarks, opening the discussion by recapitulating some few points of his paper, avowing himself a contagionist, and dwelling upon the identity between typhoid fever, erysipelas, hospital gangrene, and puerperal fever.

Dr. Alonzo Clark followed Dr. Smith, agreeing with him as regards the communicability of the disease from one individual to another, but how it was accomplished, whether by the skin or by the respiration, he did not know. He did not believe any relation existed between it and typhoid fever. There had been but six cases of typhus or typhoid fever in Bellevue Hospital for six months ; there was but one case now there, and that in the male ward. Yet there was an epidemic of puerperal fever, which certainly could not be attributed to the former disease. Again, the Reports of the City Inspectors, running back for fifty years, show no relation between the two diseases. Nor did he find any analogy in their pathological lesions. His convictions were that further evidence was needed of any identity between typhoid fever and puerperal fever.

It was not so, however, with erysipelas, for he had observed in Bellevue Hospital, that when erysipelas was present in one ward, puerperal fever occurred in another. This opinion was sustained by those who had observed the epidemic erysipelas in Vermont. Statistics also come in to support this belief, for the ratio of mortality is very similar, the fatality of the one increasing in equal degree with the fatality of the other. It was the same with hospital gangrene.

Dr. Clark does not think it is a fever under any circumstances. He has not yet seen a case where there was not some inflammatory lesion present. Dr. Gooch was the first to designate it as a peritoneal inflammation with lesion, while Dr. Simpson thinks it frequently exists without lesion, as does also Dr. Tyler Smith.

Dr. Clark considers that there are four principal lesions. 1. Inflammation of the peritoneum ; 2. Inflammation of the veins of the body of the uterus, ligaments, and ovaries; 3. Inflammation of the lymphatics ; 4. Inflammation of the inner surface of the womb. In all of his cases he had found one or more of these lesions. The first was the most common, accompanied with serous effusion, with effusion of lymph, and ending in purulent effusion. The number where there was inflammation of veins was small. Cruvelhier met seven or eight only during two years and a half. Inflammation of the lymphatics was now frequently found, yet the number of cases was limited.

After parturition the veins upon the inner surface of the womb remain open for a few days. In these veins can be found blood, pus, and when no other lesion is evident, pus may be discovered in the little sacs, found at the union of several of these veins. These cases Dr. Clark calls eudo-metritis.

The lesions mentioned are not independent of each other, but are found in connection, as peurperal peritonitis.

Inflammation of other serous membranes are frequently found, as those of the pleura and pericardium.

The same is true with the whole course of the mucous membranes of the intestines. The spleen is rarely changed, as is the case in typhoid fever, while it is common to find serum in the cerebral cavities, and the vessels of the brain, if cut into, will bleed. The blood is coagulated in the heart ; but in many cases where the examination has been made almost immediately after death, it was not cogulated in the vena cava. The ovaries and graafian vessels are sometimes found infiltrated with pus and serum. The primary lesions are in the organs of generation ; the secondary lesions the result of blood poisoning.

Dr. Clark declined entering, at the time, upon the discussion of the treatment, and was followed by Dr. Reese, who objected to the direction the discussion had taken. With the exception of Dr. Clark, he said, the disputants had confined their remarks to the subject of contagion. He thought it was necessary to define the meaning of puerperal fever, as it had been used to include various inflammations of peritoneum, metritis, hepatitis, &c. As for the contagiousness of puerperal fever, he did not believe in it, nor had he as yet seen a single case in which the local lesion found would not account for the disease.

The discussion was continued by Drs. J. M. Smith, Clark, T. F. Cock, and Corson, rather in the form of interrogatives directed to Dr. Clark, who briefly replied. The sitting of the Academy was continued till a late hour, and finally adjourned without touching upon the question of treatment, which was deferred to another meeting.

We have thus given, briefly, the principal points which were brought up in the course of this discussion.

With the exception of Dr. Clark, all the Academicians confinedtheir remarks to the subject of contagion and the relation existing between puerperal fever and typhoid fever, erysipelas, and hospital gangrene. They were very nearly of a unanimous opinion upon the question of contagion—Dr. Reese alone dissenting. Dr. Smith considered the nature of the disease to be that of fever. Dr. Clark, on the contrary, did not admit of its febrile character, but considered it as an inflammation.

The treatment of puerperal fever, which will probably be disscussed at the next sitting of the Academy, will doubtless afford some interesting statements. We trust that the whole subject of the opium treatment, which has been so highly commended, may meet its elucidation from every Fellow, who has had the sad necessity of resorting to it.

—It is proposed to hold a convention of Opthalmologists in Brussels this year. We have received, from the editor of the *Annales d'Oculistique*, the following Circular, setting forth the plans of this convention, which we are requested to publish.

Convention of Opthalmologists.

HONORED SIR :

The committee of publication of the *Annales d'Oculistique* have resolved to convoke, at Brussels, a *Congrès d'Opthalmologie,* to which all those physicians, of every country, who cultivate this branch of the medical sciences, or who are interested in it, are invited. The convention will meet the 13th, 14th, 15th, and 16th of September next, that is to say, immediately before the opening of the Congress of German Physicians and Naturalists, which is to be held at Bonn, from the 18th to the 25th of the same month.

Impressed with the advantages to result from this reunion, and with the conviction that they will be understood and appreciated by you, the committee of organization of the convention hope for your presence, and for your valuable concurrence.

Without intending to arrange at this time any programme, it is highly probable that the question of military Opthalmia, a disease which for so many years has desolated many armies of the continent, and which is increasing each day in populations in which it unfortunately is propagated, will be an important topic in its deliberations. Exact statistics of this serious disease, in different countries, the manner of its introduction, the examination of the measures proper to check its progress, of the results obtained or to be expected from their application, the discussions of the curative indications, and the means to meet them, can not fail to throw some light upon its history, now imperfectly known, and to exercise a salutary influence upon its prophylaxis and its treatment.

The Opthalmoscope, that ingenious means of diagnosis hitherto not generally used, ought to be more thoroughly appreciated in its applications. Each of the members of the convention, bringing to the solution of the questions which are allied to it, the fruit of his studies and his experience, and the aid of clinical demonstrations, will give to its propagation a desirable impulsion, at the same time fixing with precision the limits of its use.

Finally, special sittings will be given to the exposition of particular facts, exclusive of those mentioned in the programme, upon which the members may judge proper to call the attention of the convention.

We think it useless to enter into details, which we very well know would now be premature. Aided by the counsel of competent men, we hope to be able to draw up, very soon, a programme in harmony with the designs of the congress and the requirements of science.

We trust that you will be willing to second our efforts, by informing us, *as soon as possible*, both of your acceptance of this invitation, and of the subjects to which you desire the attention of the convention to be called.

Committee of Organization.

Fallot, President of the Royal Academy of Medicine of Belgium, &c., President ;
Bosch, Surgeon to the Opthalmic Institute of Brabant, &c.,
Hairion, Director of the Opthalmic Institute of the Army, at Louvain, &c.,
Von Roosbroeck, Director of the Opthalmic Institute of Brabant,
} Members.
Warlomont, Editor of the *Annales Oculistique*, Secretary.

Brussels, January 15, 1857.

N. B.—Physicians who do not receive this Circular expressly directed to them, will please consider themselves invited by this notice, and will have the kindness to send their replies to the committee.

Communications will be received in all languages.

The Editors of the American Medical Monthly will be happy to forward communications which any of their readers may be pleased to make to this convention.

—The *Quarterly*, which so much resembles the ship-of-the-line *Pennsylvania* of its native waters, has employed a man in Connecticut, who writes books for children, to make a savage attack on Dr. Green. That gentleman will, we hope, be as much benefited by this as he has been by previous assaults from the same source ; but our advice to "W. H." is, *ne sutor supra crepidam.*

THE AMERICAN

MEDICAL MONTHLY.

JUNE, 1857.

ESSAYS, MONOGRAPHS, AND CASES

Chloroform in Delirium Tremens: a Reply to Dr. Richardson. By J. W. Barstow, M.D., Resident Physician of Sanford Hall Asylum, Flushing, L. I., late Assistant Physician in the Penitentiary Hospital, Blackwell's Island, New York City.

In the October number (1856) of the *American Medical and Surgical Journal*, published by Dr. Isaac Hays, of Philadelphia, appeared an article entitled, "*On the Treatment of Delirium Tremens by Chloroform.* By W. R. Richardson, M.D., late Assistant Physician in the Hospital, Blackwell's Island, New York City." The paper professes to be a critical reply to an article, written *more than three years ago*, by Dr. Wm. M. Chamberlain, of Astoria, L. I., entitled, "*Chloroform in Delirium Tremens: a Report of Ten Cases*," &c., and published in the American Medical Monthly for March, 1854.

The endorsement which Dr. Richardson's paper received from the fact of its publication in a journal of such acknowledged repute as the *American Medical and Surgical*, may well be accepted by the casual reader as prima facie evidence of its title to credit ; while those who are familiar with the facts and incidents and persons involved—who have read Dr. Chamberlain's report, and recognized in their own experience the truth and the value of his observations—above all, those who shared with him the advantages which the Hospital afforded, and witnessed with him the progress and results of the very cases which he reports—can well be excused from assenting to the unproved assertions, broad misrepresentations, and personal discourtesies with which Dr. Richardson's professed criticism abounds.

I had the honor to be a member of the late Dr. Wm. Kelly's staff, during fourteen months of his able residency in the Penitentiary Hospital, and for four months I had charge of the Delirium Tremens wards (male), under Dr. Kelly's supervision.

The cases which Dr. Chamberlain reported, all occurred during my term of service on the Island. With most of them I was familiar, and of two I had at some time personally the charge. I therefore claim the right to reply to such parts of Dr. Richardson's article as conflict with my own experience of facts, with my sense of what is just to the memory of a dead teacher and the claims of a living friend, as well as of what is decorous and becoming in a man who has occupied Dr. Richardson's position.

The *animus*, as well as the details of Dr. Richardson's paper, have been carefully studied, and I make no apology for charging his criticism with misrepresentation and discourtesy, and with a reckless looseness and carelessness in stating minutiæ, unworthy of one who values the sacredness of truth or his own credit as a professional observer.

With a view to sustain this charge, let us review Dr. Richardson's paper *ab initio*—glancing first at his preface, and then taking up his report of cases, compare it with Dr. Chamberlain's, case by case.

Dr. Richardson begins as follows : "A Report of the successful treatment of ten cases of Delirium Tremens with Chloroform, &c., by Dr. W. M. Chamberlain, appeared in a recent number of the N. Y. MEDICAL MONTHLY."

The question naturally suggests itself to the reader—*how recently* ? and why does not the reply appear in the same journal ? The same questions evidently occurred to Dr. Richardson himself, and he appends a note explanatory of the above paragraph, which I copy :

"These remarks were written shortly after Dr. Chamberlain's report had appeared in the N. Y. MEDICAL MONTHLY for January, 1854" (*mistake*—it was March, 1854), "but from accidental circumstances were not published at the time," &c.

What were these "*accidental circumstances*"? It will be a matter of interest and of surprise to the curious to be informed that Dr. Richardson's paper was presented to the editors of the AMERICAN MEDICAL MONTHLY, and was refused, on the grounds of unworthiness as a reply, and of its personal character. Whether the same "accidental circumstances" prevented the publication of Dr. Richardson's article at the time in the other medical journals of New York does not appear, but this is certainly no unfair inference. However this may be, the matter was suffered to rest from 1854 to 1856; and then, after nearly three years of burial, we see it *dug up* again, and the author, apparently trusting for his safety to the bad memories of his readers, on a fresh perusal of his notes, becomes suddenly overwhelmed with a sense of their value, and forthwith "has thought it advisable to prepare them afresh for the press." Surely no one can be deceived by so shallow an explanation and avowal, as to the man's real motive in this fresh preparation of his "notes"—though how far this may have been stimulated by outside influences, of course we neither know nor care to inquire.

Dr. Richardson proceeds:—"I was a member of the medical staff of the Penitentiary Hospital when nearly all these cases occurred," &c. The Doctor is mistaken. Dr. Richardson came to Blackwell's Island in May, 1853, and on reference to the dates of the cases given in Dr. Chamberlain's report, we find that *five* of the *ten* occurred prior to May, 1853, and before Dr. Richardson was ever seen on the Island. Consequently, of these *five* cases, at least, he could know nothing.

Here is a man attempting to criticize the treatment of certain medical cases *which he never saw:* which were treated, concluded, and recorded, before he ever set foot in the wards, and of which it may be questioned if he ever read even the notes, until he saw them in print from Dr. Chamberlain's report. Surely we cannot wonder that under such circumstances a man should wait *three years* before he could bring himself, without scruple, to such a "fresh preparation" of imaginary "notes."

The next paragraph of Dr. Richardson exhibits even more than a heedless pen or a treacherous memory. It misrepresents the whole system of Hospital therapeutics, and is an indirect slur upon the professional reputation of the late Resident, Dr. Kelly. In this, however, he feels safe. The dead cannot rise from his watery grave to rebuke the deed, or defend his memory from the wanton attacks of an ungrateful pupil.

We will not stay to speculate upon the motive which could lead to so gratuitous a departure from justice and good taste. Those familiar with the parties, and with all the circumstances, cannot be at a loss for an explanation, while to others the fact will be sufficient, and we hasten to give the offensive paragraph which suggested the digression.

"During the years 1852 and '53," says Dr. Richardson, "scarcely a single case of Delirium Tremens occurred in the wards of the Penitentiary Hospital under the supervision of Dr. Kelly, in the treatment of which the inhalation of chloroform was not resorted to."

To disprove this wholesale statement, I refer—

1 To the Hospital Books.

2. To the testimony of various members of the Hospital staff during the years referred to,—whose letters I have at hand, written in answer to my express inquiries upon this point.

Dr. Starling Loving, of Columbus, Ohio, a member of Dr. Kelly's staff in the years 1852 and '53, writes, "As regards the use of chloroform in the treatment of Delirium Tremens during the residency of Dr. Kelly, Dr. Richardson errs greatly. It was never used until opium and stimulants common in such cases had been fairly tried, and failed. It was in cases when the patient seemed likely to die after all ordinary medication had failed, that chloroform was resorted to—boldly, but carefully, by Dr. Kelly," &c.

Dr. William G. Smull, of Baltimore, Maryland, a member of Dr. Kelly's staff in 1853, says, "I write to give a flat contradiction to an assertion in Richardson's article, that 'scarcely a case of Delirium Tremens occurred in the Hospital in which inhalation of chloroform was not resorted to,' &c. This is a bold falsehood, for we all know, who were in the Hospital under Dr. Kelly, that chloroform was always administered with reluctance, and never until we were satisfied that all other means had failed. I would judge the proportion of cases of Delirium Tremens in which it was used, to be about one in five. The assertion that *all* the cases were thus treated, or that it was a general practice to administer chloroform, is false, as every one will testify who assisted in treating the cases."

"Dr. Richardson came to the Island about May 1, 1853."

Dr. F. N. Otis, surgeon to the steamer *Illinois*, a member of Dr. Kelly's staff in 1852 and 1853, says emphatically: "Dr. Richardson's statement in regard to Dr. Kelly's use of chloroform in Delirium Tremens is wholly at variance with the facts. The proportion of cases in which he recommended the anæsthetic was less than *one in four*, and never until narcotics and stimulants had been repeatedly and urgently tried, without avail."

Dr. J. R. McGregor, a member of the staff in 1853, at present Assistant Physician in the Butler Hospital, Providence, R. I., adds his testimony, to the same effect.

My own recollection fully corroborates the above statements. Dr. Kelly invariably insisted that chloroform was the last resort ; all other means being first tested, faithfully and fully.

3. From the express and repeated statements of Dr. Chamberlain, whose paper is the subject of Dr. Richardson's attack. I give an extract or two from Dr. Chamberlain's paper, which proves this, and at the same time sets forth the purpose and animus of his report.

"We are disposed to offer some cases, observed and imperfectly recorded, without any view to such a report. They are extracted from our case book, not as a challenge to criticism, nor as a buttress to any theory, but in the hope that they may illustrate the use and power of the great narcotic, opium, and the greater sedative, chloroform. In some of them these agents were employed almost without stint or limit, and the effect in *suspended and restored animation* particularly, we have not seen elsewhere so fully detailed. They occurred in the Penitentiary Hospital on Blackwell's Island, under the care of Dr. William Kelly, late Resident Physician, &c.

"During the year 1853, 960 persons, in the various stages of debauch, were sent to the Hospital by the police courts of the city. Almost uniformly such belonged to the lowest class in society—prostitutes, thieves, 'fighting men,' and broken down vagabonds, who revolve in fixed orbit through their dens of vice and the charitable institutions of the city. Excess, privation, exposure, and chronic disease, are the staple facts of their lives. They arrive at the Hospital generally on the second, often on the third day after they have been arrested or picked up by the police. Meantime they have been confined in the station-houses and in the "Tombs," in cells often dark, cold, wet, and comfortless ; cut off from all stimulus ; unable to take, and sometimes to find food ; oppressed with their degradation ; a prey to "horrors," and the scarcely less horrid vision of months of imprisonment. It is not strange, then, that a large number of aggravated cases of Delirium Tremens occurs among them. Of the 960 mentioned above, but 200 are counted on the books of the Hospital as cases of Delirium Tremens. It was intended to exclude from this list every equivocal case, and of the remaining 760, credited with debauch simply, it is believed many might with much propriety have been counted as subjects of the graver malady. It may not be amiss to introduce the elements of an average case of debauch in this connection. They are somewhat as follows:—A. B. presents herself at 5 P. M. She is pale, weak, and tremulous; has been drinking constantly and largely for a week. Since her arrest 36 hours have elapsed. She has had no sleep, and has been unable to take food. Her pulse indicates irritation and asthenia. The skin is cool, the tongue moist and pale. Last night she suffered frightful hallucinations. She craves liquors, dreads the coming night, and fears she shall die. From the warm bath, she is removed to a warm bed. Three pints of warm infusion of hops are given her. This acts gently but effectually in three ways: 1st, as an emetic; 2d, as a diaphoretic; 3d, as a hypnotic. When the stomach is quiet, after vomiting, two or three compound cathartic pills are given her. An hour or two after she is offered some bread and tea, or beef tea, and still later is required to drink a full draught of ale, containing a drachm of laudanum. Early in the night she sinks into a comfortable sleep, which continues late in the morning. She has a pint of ale with her food during the day. Sleeps well again, and is discharged on the morrow, to recover her perfect strength and health gradually. The case thus managed is a slight affair; neglected, it would probably have been Delirium Tremens. Those hereafter cited are Delirium Tremens of extreme severity, except the second, and must not be considered in any sense *average*. *The appeal to chloroform was held to be dangerous, and never accepted save as the 'ultima ratio medendi.'*"

Again, in Dr. Chamberlain's final paragraph:—"We shall resort to chloroform only when other medication fails," &c.

On this point we think the above testimony will be found conclusive as to the frequency of the resort to chloroform in the treatment of Delirium Tremens in the Hospital. In the light of such evidence, Dr. Richardson and his statements stand out in most unenviable relief. Nothing can be said in extenuation of his course, nor would we set down aught in malice; but we must be allowed to mourn over so deliberate, and at the same time so fatuous a departure from the truth, and wonder at the temptation which could have induced it.

Dr. Richardson proceeds at a random pace as follows:—

"From several hundred cases thus occurring (i. e., where chloroform was used), Dr. Chamberlain selects only *nine*," &c.

It is my full belief that if any records could at this distance of time be produced, of the exact number of Delirium Tremens cases in which chloroform was employed, during the whole of Dr. Kelly's administration, the whole number would be found, instead of several hundred, to be less even than one hundred. In this belief also others of the staff agree.

But "Dr. Chamberlain selects only *nine*," says Dr. Richardson. This is true. Dr. Chamberlain expressly states, in his paper, that he selected these as type cases, and cases presenting peculiar phenomena. He was proposing to prepare a brief paper for a journal, and not a tabular view of cases. These were mostly cases of extreme severity, in which, opium and stimulants having been carried to their extreme without effect, the prognosis was plainly *death*, unless relief could be obtained with some other agent.

"In all these cases," proceeds Dr. Richardson, "I shall endeavor to show that the recovery of the patients was due to the large doses of *opium and diffusible stimulants, administered internally, and not in a single instance to chloroform.*"

This is the purpose, the platform of his paper. Now, where does he "*show*" this? Where do we find any thing that looks like an "*endeavor*" to show it: surely not in the pages that follow. His purpose is distinctly, even *bravely* stated; but this being done, he dismisses at once both the "*showing*" and the "*endeavor*". He rambles on,—he quotes, he affirms, he even deplores,—but *proves nothing*.

His next paragraph contains an item which we are willing to omit, but since it was written in a spirit of warning to those of Dr. Richardson's "brethren in the profession" who have never enjoyed his own great advantages, or profited by like facilities, we give it as follows, and admire the candor which suggests it:—

"In two cases under my own charge it produced fatal results almost immediately," &c.

This fact, I am free to say, is correctly stated. No one of his colleagues has similar admissions to make, and I may add that the serious mortality from this cause, which attended Dr. Richardson's practice, was a matter of observation and comment, at the time, in the Hospital.

We come now to the cases.

Case I. Dr. Richardson consents to pass without remark. We do the same.

Case II. Here it is not amiss to remark upon Dr. Richardson's method of criticizing without reprinting an article which appeared three years before, and that in another journal. To this injustice he adds that of misrepresentation, as will be plain to every reader. Let us first read the case in full as reported by Dr. Chamberlain.

"August 10, '53. Irish butcher, 28 years; ordinary height and weight; good condition; habitual drunkard; has been drinking brandy freely; symptoms, the ordinary ones of delirium tremens; perfectly wild; unmanageable.

Treatment.—After freeing stomach and bowels, ordered tr. op. f ʒi. q. h. (id est quaque horâ) for five hours, unless he should sleep; small quantity of stimulus. August 11 A. M.—No sleep or improvement; continued medicine. 10 P. M.—No improvement; chloroform administered with ease and happy effect. August 12.—Slept nine hours. August 20.—Discharged well."

With the case before us, let us compare Dr. Richardson's version.

Case II. "In this case the patient took ʒv of laudanum and 'a small quantity of stimulus'—how much, is not stated—in five hours. On the following day 'the same treatment' was continued until 1 o'clock P. M., when chloroform was administered 'with happy effects.'"

Here we find the case curtailed nine hours, and the amount of opium proportionably diminished by Dr. Richardson's substitution of "1 P. M." for 10 P. M. Is not this deliberate? The first night (patients being admitted to the Hospital usually about 4 P. M.) patient took ʒv tr. op. No sleep; wild and unmanageable—of course required restraint; next day no better; continued tr. op. ʒi. quaque horâ, from the time of morning visit until 10 P. M.; no improvement; patient has taken more than ʒxvi. of laudanum in thirty hours, without the least effect. Had not the insufficiency of this agent been shown? Thirty hours of the straight-jacket and two ounces of laudanum, would, in the mind of most practitioners, stamp the case as almost desperate. The man must sleep or die. 10 P. M. chloroform administered; patient sleeps nine hours without interruption and convalescence is established. And yet says Dr. Richardson, in remarking upon his version of the case, for the instruction of his medical brethren who lack the advantages of his superior experience, "*this was evidently a mild case* (how '*evidently*?'), *and would undoubtedly have yielded to the other remedies had chloroform been omitted.*" Who knows this, and what can give Dr. W. R. Richardson the authority to say it? Who else that reads the facts, as already given, will endorse such headlong dogmatism or accept so lame an oracle?

Case III. I give an abstract of the case from Dr. Chamberlain's report, with the caption. "The third case was more aggravated than either of the preceding. True delirium tremens partially subdued during the first night of observation; progressing in intensity during the following thirty-six hours under the ordinary treatment; becoming critical on the third night; resisting the repeated use of chloroform; persistent under the full effect of opium, on the 4th day and evening; and finally subdued by the anæsthetic, on the 4th night.

"December 23d, 1852. An English book-keeper; thirty-two years of age; full habit; scrofulous diathesis; for the past three months in a constant debauch; little or no excitement; condition asthenic prostate, with excessive muscular tremor, not unlike cholera. *Treatment.*—Emesis, Catharsis; Tr. op. gtt. 100; Punch. December 24th, 9 A. M.—Slept two hours; more quiet but wandering; ordered tr. op. gtt. 120, with punch and ale. 7 P. M.—Same; repeat morning's prescriptions. December 25th, 9 A. M.—No sleep; worse; continued stimulus, and tr. op. gtt. 40 q. h. for five hours. 10 P. M.—Worse; skin blanched; bathed in perspiration; chloroform inhaled; anæsthesia continued only fifteen minutes; repeated at intervals four times in two hours without permanent effect; condition not improved; ordered strong milk punch—tr. op. gtt. 50. December 26th.—No sleep; ordered tr. op. gtt. xx. hourly and stimulus. 10 P. M.—Sleepless and furious; pupils a point; chloroform to approach of stertor; spasm and laryngismus during its exhibition; effect transient; repeated; effect permanent. December 27th.—Slept seven hours; is calm and rational."

Dr. Richardson's entire report and remarks upon this most interesting case occupying not quite *four lines!* I give his words: "In this case, 900 drops of laudanum were given, and a large quantity of punch—the amount not stated. Chloroform was administered *seven times*, the sixth time producing almost fatal '*spasms* and laryngismus.'" Of these two paragraphs of criticism, the first throws no light upon the case beyond what is furnished by Dr. Chamberlain's report, and the second contains a misrepresentation.

This case is well remembered. By a typographical error, it bears date in Dr. Chamberlain's report 1853, instead of 1852, which was, at least, five months before Dr. Richardson came to Blackwell's Island—consequently he never saw the case at all. The continued administration of chloroform at intervals during the night of the 25th of December, is explained in few words. It was exhibited as in surgical practice, merely to that stage which induces in the patient a condition of quiet semi-consciousness, with freedom from pain and relaxation of the voluntary muscles. The inhalation was not in this case carried to stertor, and the immediate effects of the anæsthetic having passed off, the patient awoke to a condition similar to that before its exhibition. This was the moderate administration of chloroform. As it was found not successful at the time it was laid aside, and opium with the stimulants resumed for twenty-four hours longer, when the extreme contraction of pupils showed the system under its full influence. Still no sleep. Patient so violent as to require constant restraint with straight-jacket. (This is well remembered, although Dr. Chamberlain does not mention it in his report.) At 10 P. M. of the 26th, chloroform again administered, and its effects carried, much farther than before, "to the approach of stertor." Now who does not know, that has any familiarity with the use of chloroform, that convulsive movements and embarrassment of the laryngeal muscles, not unfrequently precede and attend the approach of stertor? But the first inhalation, even to this degree, proved insufficient. It is reported: the patient sleeps and in two days is well.

Thus we see the anæsthetic employed only as the *ultima ratio*, and such in the case, so far as human judgment can determine, it was proved. Dr. Richardson's "almost fatal spasms," &c., is a pure and somewhat malignant invention.

CASE IV., occurred January 23, 1853, four months before Dr. Richardson came to the Island. Consequently, notwithstanding the wide "experience" which he claims in connection with *similar* cases, his knowledge of this particular case is nothing, and his opinion of it is, of course, valueless. I give a brief abstract of the case from Dr. Chamberlain's report:

Patient, a Scotchman of robust frame, 38 years of age. Health generally good. Has been on a long spree; much excited, talkative, but coherent; tongue and limbs tremulous; surface warm, dryish; pulse 80, full; no sleep for three nights past. *Treatment.*—Emesis by hop tea, followed by tr. op. gtt. 75, repeat in two hours. Midnight: no sleep, no change. January 24, 9 A. M.—Slept little, condition same; ordered pil. c.c., No. iij. 3 P. M.—Enema; bowels freely moved; punch Oj. 7 P. M.—Condition more promising. January 25, 5 A. M.—Delirious, noisy, violent; restraint necessary. 9 A. M.—℞. Chloroform ℥j.; M. gum acaciæ, q. s. ℥viij. m.; S. ℥i. q. h. 4 P. M.—Has taken of ℞. ℥vj.; quiet, eats well. 7 P. M.—Worse; very violent; chloroform twice inhaled to approach of stertor: no sleep. 8 P. M.—Ordered punch freely; tr. op. gtt. 60. 12 P. M.—Do. 3 A. M.—Do. January 26, 9 A. M.—No sleep; no improvement. Pupil contracted; pulse small, rapid; great excitement. Punch continued. 4 P. M.—Pulse more feeble, more rapid; surface clammy; face cadaveric; condition unpromising. Excessive muscular activity; chloroform as last resort, by inhalation; great spasm and laryngismus; effect brief; repeated to stertor. Respiration suddenly ceased; artificial respiration performed for several minutes, by alternate pressure and elevation of thorax. Function restored, and with it sleep and rest, which continued at intervals for 48 hours. Patient well.

In Dr. Richardson's remarks on this case, he says nothing of one of its specially interesting features, viz: the internal administration of chloroform. The concluding paragraph of Dr. Richardson we accept and endorse: "Fortunately, the patient *was* saved 'to illustrate the power of that greater sedative, chloroform.'"

Case V. The main features of this case, his long treatment, &c., resemble those of Case IV. up to a certain stage, as will be seen in the abstract which follows. It happened that after successful treatment for Delirium Tremens, the patient was transferred to my own wards, and remained in my charge from that time until his death. I will add that this case also occurred five months before Dr. Richardson's connection with the Hospital.

Patient an Irish laborer, aged 60; large frame, but constitution broken by yellow fever, syphilis, and various excesses. After appropriate general treatment, and the failure to induce sleep by stimulants and opium (laudanum gtt. 220), chloroform inhaled, which produced anæsthesia but only temporary sleep. Next night, after taking tr. op. gtt. 150, chloroform again inhaled, accompanied by spasms and laryngismus, as in preceding case. These soon passed, and sleep succeeded, but again only temporarily. In two hours, inhalation for the *third and last time.* At point of stertor, as in Case IV., respiration suspended, but again restored by artificial means, and patient fell into a quiet sleep to awake "well and rational."

Dr. Richardson's version of the case is brief and characteristic. He sums up incorrectly the amount of opium and stimulants taken, and then says: "Chloroform was administered *four* times," &c. (this is a mistake, perhaps through inadvertency, though he must have had Dr. Chamberlain's notes before him); a few lines further, "he was restored to life by means of cold *effusions*" (*affusions* would better suit the connection, and be more just to Dr. Chamberlain), "only *to die* in a few days with pneumonia, caused undoubtedly by the congestion of the lungs which this injudicious and repeated use of chloroform had produced"

Dr. Richardson here would evidently invoke, in his readers, tears of sympathy for the patient, and indignation at Dr. Chamberlain's inhumanity. But let us look at the facts.

I have already said, that after this patient was discharged from the Delirium Tremens ward, on the 16th December, 1852, he was transferred to another ward, under my own charge. The case I recorded at the time as one of interest, and I now copy from my Private Case Book :

"December 17. Patient admitted from Delirium Tremens ward. Complains of pain in chest and cough ; physical examination shows dulness on percussion over whole dorsum of left chest ; auscultation reveals relaxed condition of bronchial membrane, with tubular respiration over left, and slight mucous râle over right chest ; no rational signs of pneumonia ; *diagnosis obscure ;* breath offensive after coughing ; countenance cachectic ; condition feeble. Treatment : generous support, with full diet and tonics. January 9 : Physicals signs very obscure ; treatment continued. January 25 : Not improving ; expectoration profuse, and excessively fœtid cough constant ; tonic doses of quinine and iron, with full diet, and egg nogg. February 15 : Diagnosis, cancer of left lung (?). March 2 : Since last note patient has failed gradually ; exhausted with cough, and the profuse and purulent curdy sputa. This P. M., in fit of coughing, died. *Autopsy.*—March 3 : 12 hours. Post mortem : Body much emaciated. *Right lung*—Slight pleural adhesions of long standing ; lower lobe congested ; upper and middle lobes crepitant ; no tubercles. *Left lung*—Entire surface adherent to costal parieties ; whole lung solidified, with softening of middle lobe in posterior portion, forming a cavity capable of holding f℥vj., in which was found f℥i. of curdy pus, unlike tubercle, and evidently of cancerous origin ; whole lung infiltrated with cancerous deposit. Other organs not examined."

And this is the case which Dr. Richardson never saw ; which occurred, resulted, and was recorded, like others of which he professed to have a knowledge, months before he entered the Hospital. Yet he does not scruple to write its history. He misquotes and garbles the notes of another, which were taken at the patient's bedside, and even concludes the case with a flourish of guess-work pathology. Let the reader estimate for himself the value of such "advantages," and their fruit in such "experience."

Case VI. I give the caption of the case from Dr. Chamberlain's report : "In the following case, after an hour and three-quarters of futile anæsthesia to the point of stertor, having in view the issue of the preceding cases, we determined to proceed to the *verge* of asphyxia. This *occurred* suddenly, and by it the disease was as suddenly vanquished. Artificial respiration completely restored life and all its organic functions. The patient slept, and after eight hours rose again to the level of consciousness and reason, perfectly well." This case, the principal features of which are given in Dr. Chamberlain's caption, differs from the two preceding ones chiefly in the extent to which the anæsthetic was carried on its first exhibition. Asphyxia was induced unexpectedly, but without danger ; indeed, the return of respiration was the dawn of convalescence.

Dr. Richardson makes nothing of the case ; but I am happy to add, that his summing up of the amount of laudanum taken in this case, contains only a single error of thirty drops.

Case VII. An abridgment of Dr. Chamberlain's report of this case seems necessary for the better appreciation of Dr. Richardson's criticism Quotation marks enclose verbatim passages from the Report.

Patient admitted June 28, 1853 ; has been "drinking very freely for four weeks," "much excited, tremor of limbs excessive." Emesis, catharsis, and laudanum, up to 9 P. M. of 29th, were insufficient ; at that time is reported in "furious delirium," "perfectly uncontrollable." Restraint necessary. Brandy freely given and "chloroform administered," "anæsthesia secured." Patient remained quiet, and dosing all night and all the next day, and was (July 6th) discharged cured. Reädmitted Oct. 26 (three months after), condition as before. Ordered emesis with hop tea, but failed to secure it." Tr. op. gtt. 120, 7 P. M.; do. 9 P. M.; do. 11 P. M.; do. s. v. g. ℥iv. Oct. 27, "slept very little, is quiet, busy, and wakeful ;" "determined to secure sleep by opium and stimulants, if possible." "Took gtt. 120 tr. op. at 9 and 11 A. M. and at 6, 7, and 9 P. M.," which +360 of previous night =960 gtt. Two ounces of laudanum in 26 hours, with "ale and punch freely through the day and evening." Surely this was decided treatment. Yet we read that at 11 P. M., though his pupils were contracted to a mere point (as my own private Case book has it), he was perfectly incontrollable." Sleep at almost any price was the imperative indication. Accordingly, "chloroform by inhalation." First effect, "violent spasm, with opisthotonos"—a very common phenomenon, as all know—but as the inhalation was continued, "spasm less, laryngismus so great that it was pro tem. suspended." Up to this point nothing appeared which is unfamiliar to those accustomed to the use of chloroform ; but *at* this point, when the sponge was removed, contrary to common observation, the laryngismus continued to increase, breathing became more and more difficult, until it ceased, i. e., asphyxia supervened. Now no physician is very much alarmed at a *momentary* asphyxia in a case of drowning or in a newly-born infant; nor do we find Dr. Chamberlain alarmed. He continues: "Artificial respiration unsuccessfully attempted for two minutes," then "insufflation with the pressure upon the thorax maintained for some minutes, until the natural breathing was resumed, and continued at seven respirations per minute; stertorous; slept twenty minutes." This was one administration of chloroform, occupying in all perhaps half an hour, and it was only partially successful. Accordingly, when he woke, brandy ℥iv. was given, and chloroform again administered. "Little or no spasm followed." Anæsthesia in its normal form was secured, and sleep, though for two or three hours fitful and disturbed, became towards morning more profound. At 5 A. M., seven hours after the first inhalation, and perhaps five after the second, Dr. Chamberlain, after "watching him narrowly" all night, "left him, overcome with sleep. Quod erat desiderandum—a result secured by opium, and unquestionably accelerated by chloroform. Nov. 5.—Discharged well."

In travelling over this case—for he does not review it—Dr. Richardson becomes hysterical. He seeks emphasis in hard words, in italics, and in small capitals. Determined to make an impression, at all hazards, he divides the first administration of chloroform, making two of one. He cries "*in vain*" because artificial respiration required some minutes for its successful establishment; he groans over the exhibition of Dr. Chamberlain's coolness and patient watching, as a "dreadful scene," and then, losing, in his own fright, the power of copying correctly the report which lies before his very eyes, says: "fifteen or twenty hours afterward" (in place of four or five), "stimulants and opium having been freely and frequently given" (when not a drop of either is recorded or was exhibited after the second inhalation), before the patient was left as above noted, "overcome with sleep." Is any language too strong to characterize such criticism?

CASE VIII. is one of remarkable interest and value, and one in which life seemed clearly saved by chloroform. The case was my own, and the anæsthetic was administered by the Resident Physician (Dr. Kelly) in person. Opium and stimulants had been carried to an extent which seemed almost impossible, but without producing sleep or allaying the tremendous nervous excitement. The man must sleep or die. Chloroform seemed to offer his only chance. This chance was taken, and the "ultima ratio" was again proved successful.

I give an extract from Dr. Chamberlain's report of the case, which is as able as it is exact:—

May 1, 9 A. M.—[Patient in the fifth day of his treatment, was laboring under acute bronchitis, though not severe; had slept little or none; stimulants had been very freely given; tr. opii, in all, gtt. 1560 since admission, and chloroform twice inhaled, at intervals of 24 hours; all without effect.] "Evidently sinking; pulse very feeble; delirious and difficult to control; stimulants. 12 M.—Tr. opii gtt. 120; pupil normal; egg nog ad libitum; pulse scarcely felt at the wrist. 4 P. M.—No improvement. 6 P. M.—Face livid; pulse at the wrist almost 0; heart's action extremely feeble—70. Says he must die; calls for liquor. Ordered s. v. g. ℥iv. 8 P. M.—Pupil contracted; has taken no opium since noon; chloroform inhaled; heart feeble, *its action becomes less—less—wavers;* chloroform continued; respiration 4–8 per minute; spasm of limbs; heart's action stronger; pulse returns, fuller; respiration more steady; patient sleeps only five minutes; chloroform again administered for ten minutes, at the end of which comes quiet and profound sleep; limbs perfectly relaxed; slept continuously for nearly three days, and was discharged well." Bronchitis had disappeared.

On this case, Dr. Richardson finds little to say, except to contradict the result. Each inhalation of the anæsthetic, he writes, "produced spasm, but *no sleep.*" The case he never saw.

CASE IX. In comparing Dr. Richardson's version of this case with the report of Dr. Chamberlain, it seems as though the force of misrepresentation and error can no further go. Let us point out the items, without giving a lengthy abstract.

A summing up of the amount of laudanum taken by patient in the progress of her case, which lasted three days, shows gtt. 1260; brandy and punch ad libitum, or "as much as she can be made to take." Dr. Richardson commences his review with, "in this case comparatively little brandy and opium were given," &c. Again he says, "during the progress of anæsthesia subsultus came on," &c. I refer the reader to patient's condition on admission. After eight days of continued debauch, and no sleep or food for three days, we find her tremulous, excited, and in a low, muttering delirium. Next day, "epileptiform convulsions," &c.; every symptom of extreme debility and prostration; and, need I ask, could the supervention of subsultus on the exhibition of the anæsthetic be an occasion of surprise? Then followed the suspension of respiration, and its restoration by artificial means. "Cold effusions," says Dr. Richardson (*affusions*, if you please, Dr.), "fail," and insufflation succeeds in restoring her to vitality—"*fanned the feeble flame of life into a* *momentary flicker,*" he tells us (genuine effusion, this), and then "she was watched, in the hope that at the gate of death the vicious *cycle** of her dreams might have been broken," &c., &c. The inference which Dr. Richardson would have us draw from his account, is, that she died then and there, under the influeece, and as a consequence of the anæsthetic. In answer, I have only to refer to Dr. Chamberlain's report, which tells us that the patient rallied; lived 31 hours; delirium constant, but milder in form ("seems busy with her household affairs"); had strength to walk several steps in the ward; and died on the morning of the second day after the last inhalation.

Dr. Richardson then grows more sturdy, and denies that there was any post mortem. This, too, in the very face of Dr. Chamberlain's report of it, headed *Autopsy,* and appended to the case as published. Let us hear him: "No post mortem was made. Had any been made, I am certain the lungs would have been found filled to engorgement with venous blood." This fanciful, ex post facto diagnosis of Dr. Richardson is at once spoiled by reading the last paragraph of Dr. Chamberlain's report of the case. "Autopsy shows nothing of importance; a normal brain; a little serum under the arachnoid and in the ventricles," &c., &c.

So, it appears that there *was* an autopsy in the case, duly made, and made in detail, even to the brain. Lungs and other organs were found in a normal state, and death from weakness and exhaustion established beyond a question.

Dr. Richardson's denial of this autopsy is as strange as it is unfortunate. To suppose that it was wilful is to give him credit for the last degree of hardihood and folly. To consider it a mere slip of a heedless pen, is only to recognize another manifestation of that general disregard of accuracy which has characterized his whole production. Of these two conclusions, the alternative is before us—we are disposed to accept the latter.

CASE X. is one of those in which chloroform, *internally,* was used successfully. Here, also, it was resorted to only after opium and stimulants had proved of no avail. I would gladly do Dr. Chamberlain the justice to reprint his report, but my limits forbid. The chloroform was given in mucilage, in doses of gtt. 7 to 8, and with most happy effect. The case lasted four days.

In his review, Dr. Richardson suppresses the fact of the internal administration of chloroform, and despatches the case with three lines of loose remark.

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* Dr. Richardson's confusion of words betrays him a third time into rhetorical nonsense. Dr. Chamberlain used in this connection the word "*circle.*"

After passing over the consideration of the cases, and washing his hands of all participation and sympathy with such "treatment," Dr. Richardson, having no longer any guide or check, rambles on and gives us the benefit of his own experience, with some choice pathological views.

He first, however, deigns to allude, in a general way, to the internal use of chloroform as a sedative and anæsthetic, and wonders that any man can claim credit for a remedy which he does not test by its *sole* employment in the treatment of a disease. The inference is that Dr. Chamberlain is uncandid in claiming any merit for chloroform in the treatment of Delirium Tremens, because it has not been used alone to the exclusion of all other agents. He also claims that in Dr. Chamberlain's cases, the anæsthetic only seemed to produce sleep, *after laudanum and other stimulants had been largely and ineffectually administered.*

All this is trifling with the subject, and with the animus of Dr. Chamberlain's report. Dr. Chamberlain expressly and repeatedly says, that he has regarded chloroform and employed it as an *adjuvant* to other remedies. He has appealed to it as an "ultima ratio," and such he has proved it in certain cases. He records his obsevations, and gives them to the profession, as his report says, "for what they are worth." He attacks no man's theory; he criticizes no man's practice. He claims nothing but candid dealing on the subject, and least of all, does he claim to be an apostle of chloroform.

"On reviewing the cases," proceeds Dr. Richardson, "in which chloroform has even the appearance of aiding in the cure, and they form a very small proportion of those contained in Dr. Chamberlain's report," &c.

Let us look back for one moment; and let the cases answer for themselves:—

Case II. No sleep for thirty hours. After one inhalation immediate sleep, continuing nine hours.

Case III. No sleep for seventy-two hours. Deep anæsthesia followed by immediate sleep, which lasted seven hours.

Case IV. No sleep for seventy-two hours. Deep anæsthesia; sleep immediate; lasting four hours.

Case V. No continuous time of sleep for forty-eight hours. Deep anæsthesia; sleep again immediate, and continuing all night.

Case VI. Patient almost moribund from exhaustion. No sleep, notwithstanding the full influence of opium and stimulants, for thirty-six hours. Anæsthesia followed by sleep at once, continuing all night without interruption.

CASE VII. No sleep for thirty hours. Deep anæsthesia; sleep fitful for five hours; afterwards without further medication *continuous.*

CASE VII. Hardly any sleep for ninety-six hours. Anæsthesia and continuous sleep.

CASE IX. Death from exhaustion. Chloroform of little or no avail.

CASE X. Inconclusive.

What Dr. Richardson says in the next paragraph, of "*fatal asphyxia*," must refer to his own "experience," since we have already seen that the only two cases from this cause ever observed in the Hospital, occurred among his own patients.

But whatever else such "experience" as Dr. Richardson's would justify, it would hardly be equal to the implied discharge from the wards of patients in a state of "partial resuscitation from asphyxia.'

With Dr. Richardson's *pathology* I do not propose to meddle. It is dogmatic and rambling, and it is not my purpose here to endorse or dispute it.

I am free to say, however, that I have not been accustomed, in cases of Delirium Tremens, to attach *much* importance to "the *formation and deposition of tubercles as an intercurrent disease*," especially when the average duration and progress of such cases is less than a week.

I have never seen, nor, on inquiry, have I been able to hear of a case of death after chloroform, "from pulmonary apoplexy." I say to Dr. Richardson, or any one, show us the recorded case.

Dr. Richardson's next paragraph helps his "medical brethren who have never enjoyed his facilities," &c., to the conclusion that his own experience of death from chloroform has indeed been wofully great. "I have made," he says, "autopsies in several cases of death following the administration of chloroform," &c. The whole world furnishes but comparatively few cases of death from this cause: of these Dr. Richardson may claim his share; but who has been guilty of the slaughter necessary to furnish such extra post mortem advantages?

Finally, we are content to leave Dr. Richardson in the full enjoyment and practice of the meek philanthropy hinted at in his peroration. May we not, however, hope that his "good will toward men," thus manifested, may prove of a sort not to scatter abroad, like his rhetoric, or *slip up* entirely in its progress, like his ready but too facile pen.

New Methods of Operating for the Cure of Vaginal Fistulæ. By J. Bart. Minturn, M.D., *of New York.*

Vaginal fistulæ are solutions of continuity existing in the walls between the vagina and bladder, urethra or rectum, or between the bladder and uterus, where they lie in contact, forming abnormal openings, through which the urine or fæces and flatus escape into the vagina. The cure of these fistulæ is accomplished by causing a coalescence of their sides. When small and urethral, or rectal, this may be sometimes effected by touching the walls of the aperture with the nitrate of silver, or hot iron, occasionally repeated. When the fistula is larger, its cure can only be accomplished by resorting to operative means, of which the processes are numerous, and the contrivances are many and ingenious,—a fact which proves the difficulties of the operations, and the unsatisfactory results most often obtained.

I do not now intend to write a treatise upon this most interesting subject—doubly interesting, because the unfortunate sufferers are women, and the causes, in the vast majority of cases, that maternal act by which man is born into the world ; but will confine myself to the exposition of some new methods of operating, for which I claim the originality, either of the process itself, or its application to the treatment of these cases, or both the process and its application, only referring to other methods when they have been adopted, or for the purposes of elucidation or comparison.

In cases of *vesico-vaginal fistulæ*, the operation is commenced by making an incision of the mucous membrane of the vagina circularly around the fistula, at the distance of three, four, or more, lines from its borders, according to the condition and relation of the parts. If the fistula is of small size and recent date, the portion of membrane circumscribed by the incision may be dissected entirely away, including the borders of the fistula, as recommended by M. Gérdy. The lips of the wound to be brought together and retained in contact by the means to be considered farther in advance, to avoid repetition. But in a second class of cases, where the abnormal opening is of larger dimension, the borders widely separated, or complicated, with loss of substance, great advantage will be derived from having recourse to a species of plastic operation, which consists in making an incision of the mucous membrane, just as described for the first class of cases. The portion of membrane circumscribed by the incision is then to be dissected up *from* the circumference *towards* the centre, and left *attached* at the borders of the fistula for the space of a line or more, according to the vitality of the parts. This flap should include not only the mucous membrane, but some layers of subjacent tissue, containing vessels necessary for its life and activity. This flap is next seized with forceps, or the fingers, reversed upon itself, and pushed through the orifice of the fistula into the cavity of the bladder, thus bringing the dissected surfaces of the flap into contact in this new situation. This movement of reversing the flap and turning it through the orifice of the fistula, may often be facilitated by making a slight incision into the vaginal wall around the circumference of the base of the flap. By means of the dissection and disposition of the flap here described, a much greater extent of surface is obtained, fresh and proper for union by the first intention, than by the ordinary method of only pairing the borders of the fistula. At the same time that the flap acts most advantageously by filling up the opening of the fistula, thus preventing the liability to the infiltration of urine between the uniting edges, which is known to be one of the most common causes of failure in these operations, there is also secured a uniting base, upon which the vaginal dissected surfaces are brought and retained in contact, thus strengthening the union. In a third, and extreme class of cases, much additional advantage may be derived by conjoining with the *modus operandi* last described, another species of autoplasty, that of the *méthode Français*, or sliding, to facilitate the coaptation of the borders of the solution of continuity. It is as follows: lines of incision are made from the extreme commissures, or angles, of the dissection, as described above, parallel with each other, in a direction *from* each side of the fistulous opening, for a variable distance, according to the extent of the part to be repaired. Thus, if the fistula is longitudinal, the incisions are to be made from the angles aforesaid, *upon* each side of the vagina; if transverse, from the angles *towards* the vulva and uterus, the sections of vaginal wall contained between the parallel incisions, are next to be dissected up to the depth of two or three lines in the direction *away from* the fistula, and left attached, to be brought together and united over the middle line of the opening, by being *slid* upon the surfaces from whence they were dissected.

In cases where the fistula is transversal, of large size and situated near the neck of the uterus, another advantage will be derived by employing this process upon the vaginal wall anterior to the fistula, in connection with the plan proposed and successfully practised by M. Jobert (de Lamballe),* which consists in a semicircular incision, practised transversely upon the vagina at its insertion at the neck of the uterus, and by a careful dissection, made from before backwards through its attachment, not fearing to divide some of the superficial fibres of the neck, separate the bladder from its attachment to the uterus, and thus cause the upper front portion of the vagina to descend from its attachment at the neck, towards the vulva. This accomplished, considerable space is gained, and the opening of the fistula much diminished.

According to the case, according to the position and disposition of the fistula, and the variable necessities of the operation, it may be found expedient, or necessary to draw the neck of the uterus towards the vulva. This traction ought to be made gradually by the aid of strong double-hooked forceps, and in general the neck ought to be seized in a direction opposed to the great diameter of the fistula, that is to say, from right to left if the fistula is longitudinal, from before and behind if it is transverse. This proceeding has for its object, to render more free the action of the operator upon the borders of the fistula.

In all cases, the points of implantation of the hooks ought to be made in such a manner as to bring to view the anterior and lateral insertion of the vagina and neck of the uterus.

In cases of *urethro and recto-vaginal fistulæ*, requiring an operation for their cure, the same incisions and dissections as described for the different classes of vesico-vaginal fistulæ, are to be practised according to the extent and condition of the abnormal opening. In urethro-vaginal fistulæ the borders of the dissection or flaps, as the case may require, are to be brought together and united over a catheter previously introduced into the bladder, and worn until the cure is effected, that the continuity of the urinary canal may be established.

Vesico-Urethro-Vaginal Fistulæ.—In the rare cases where the uterus has been perforated at a point corresponding to the bladder, and this organ opened into, the urine escapes through the vesico-uterine fistula, which results. The operation is commenced by making a semicircular incision, transversely upon the anterior part of the uterine neck, at the line of junction between it and the vagina, and carrying the dissection carefully, from before backwards over the neck, keeping the edge of the bistoury turned towards it, or making use of the handle of a scalpel, that the bladder may not be wounded;

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* Jobert Traité de Chirurgie plastique, t, ii., p. 442.

the track of the fistula is crossed, and the bladder displaced from its attachment to the uterine neck, and made to descend with the vagina, towards the vulva, *thus bringing the fistula in the vesicular wall into view in the vagina, where it may be operated upon and treated as a simple vesico-vaginal fistula*, the fundus of the organ coming at the same time in contact with, and forming adhesions over the fistulous orifice in the uterine neck. Although M. Jobert (de Lamballe) first proposed, and employs this dissection in cases of large transverse vesico-vaginal fistulæ situated near the neck of the uterus, to render the separation of the lips of the fistula less considerable, and to facilitate and strengthen their union by removing all tension from the parts as I fully described when treating of that class of fistulæ, and to quote the language of at least two surgeons and authors of celebrity, Vidal (de Cassis) and Sédillot, who, when they have described it, say, in almost the same words, "La nouvelle operation est une reale conquète chirurgicale ; elle rend une service immense aux malheureuses femmes affectées de fistule vesico-vaginale. M. Jobert a fait tout ce qui etait possible : il n'a pas pu faire l'impossible."

But he has never employed it in any other class of cases, or for any different purpose than that here described, it having never occurred to the learned professor to employ it for the cure of the class of cases now under consideration, for which it is so eminently applicable, and from which so great advantage may be derived, as converting a hitherto intractable, because inaccessible fistula, into one of a simple character, within the reach of surgical treatment.

During the performance of these operations, great benefit will be derived from injections into the vagina of cold water, iced water if convenient, to cleanse the parts from the blood and constrict the bleeding capillaries upon the dissected surfaces ; and care should be taken that all hæmorrhage has ceased, and the surfaces of the wound be cleansed before the edges are brought together for union.

The loss of blood in these cases, though never great, and usually small, is yet sufficient to materially obstruct the view and render these operations more difficult and tedious than they would be in almost any other situation. If means could be devised by which these operations could be performed without hæmorrhage, and the results be equally good or better than by the ordinary methods of dissection, then *another true surgical conquest* would be gained. To accomplish this much-to-be-desired object, I have proposed to several surgeons here, the use of the *actual cautery* in cases of small and moderately-sized fistulæ. The removal of the destroyed membrane around, and the indurated portions at the orifice, when they become loosened, and the coaptation of the edges of the resulting wound, as if it had been made by the knife, and retain them in contact until union takes place, which I do not think would be prolonged much, if any, beyond the ordinary period required.

The next step of the operation consists in introducing pins (Fig. No. 1. A) across the lips of the wound, entering upon the vaginal mucous membrane two, three, or more lines from the edge of the dissection, and coming out at corresponding points upon the opposite side, free of the mucous membrane of the neighboring organs, bladder, and rectum. These pins before their introduction, have a little square piece of cork (B) placed upon them by the side of the head. After having introduced the requisite number of pins, at the distance from each other of about one-third of an inch (d'un centimètre l'une de l'antre), another little square piece of cork is passed upon each of the points, to oppose the one which occupies the side of the head.

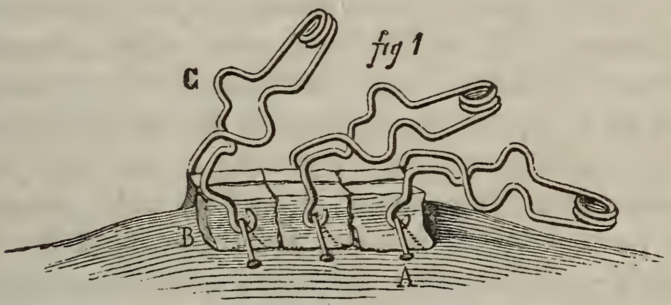
fig 1

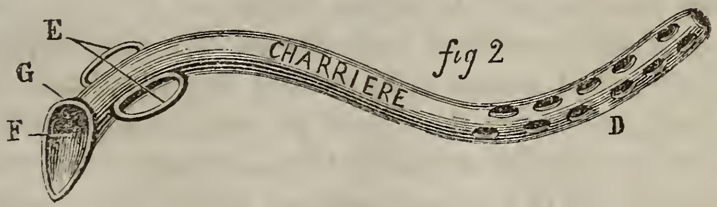
fig 2

This done, we proceed to the application of the serre-fines of Vidal (de Cassis), modified and made applicable to these operations, which M. Charriére Son, has had made after my design (C). These serre-fines are of large size, and the branches made to form almost a right angle with the body, and terminating at their extremity in a blunt hook, turned towards the body of the instrument.

The branches of the serre-fine are made to embrace the lips of the wound, previously approached by means of a forceps, and rest upon the pieces of cork, at the same time the hooks are made to embrace the extremities of the pins, which serve to sustain them firmly in position. The heads of the pins are next pushed up near the hooks, and the projecting points opposite are cut off, to prevent them wounding the neighboring parts. By the pressure made by the hooks and branches of the serre-fines upon the little pieces of cork, we obtain a regular and nearly uniform pressure upon the whole surface of the wound, and consequently the conditions for reunion are incomparably superior to those which are offered by the simple thread suture.

Another advantage this method has over the ordinary suture will be evident as soon as mentioned. The amount of irritation and inflammation excited in the parts by the presence of the thread or tape sutures often destroy the conditions necessary for union by the first intention, and endangers the life of the patient. The amount of swelling which results causes the sutures to sink deeply into the tissues, destroying the parts underneath them by strangulation, or ulcerating their way out, before the adhesive conditions can be reestablished. But it will be at once perceived, from the analogy of their action in other parts, that the pins do not act injuriously against the establishment of the conditions of union, whilst the serre-fines, accommodating themselves to the conditions of the contained lips, will expand in a hyperæmic condition of the parts, and contract again as that condition subsides, sustaining a continued and even lateral pressure upon a large extent of surface, which renders unnecessary the parallel lateral incisions usually practised for the purpose of relieving tension, when the simple sutures are employed, or the division of the sphincter ani muscle, as is recommended in operations for the cure of recto-vaginal fistulæ.

This new suture method possesses all the advantages of the twisted and quilled sutures in an eminent degree, without their inconveniences, and more, these last are nearly inapplicable in the vagina, for it would be extremely difficult to apply them in a depth often so great, and in a space so narrow, which has led to the abandonment of the process of M. Roux. But on the contrary, one of the advantages of this means of constriction, is the facility with which it can be applied and removed, either with the fingers, a dressing forceps, or a forceps, *ad hoc.* Moreover, by the use of the pieces of cork and serre-fines we obtain the great advantage of distributing more equally the lateral pressure, than can be obtained by either the twisted or quilled suture, and the further advantage, as before stated, of adjusting pressure, which no other kind of suture possesses.

Although Dr. Sims of New York, has reported great success following the employment of his "Clamp Suture," * and I would be the last to detract from his well-earned and deserved reputation, yet I must state the facts, and say that the same objections weigh against it as against the varieties before mentioned, though in different degrees in some respects ; but the difficulties attending its application to the different forms and extents of fistulæ are very apparent, and must often be serious if not insurmountable.

When others besides the inventor have attempted to apply the "clamp suture," in the vast majority of instances as far as my knowledge extends, the results have been failures, either to apply it properly or to effect a cure. This proves the necessity for something more simple, and easily applied, which I think will be found in this new method of retaining the borders in contact.

In fact, it is not only applicable to vaginal fistulæ, but can be employed with advantage upon the majority of wounds requiring sutures, especially in those cases where there is much traction upon the parts, and union by the first intention anxiously desired.

It will certainly be a very great resource in ruptures of the perineum following accouchements, &c., &c.

In *recto-vesical fistulæ*, resulting from wounds, or following the operation of lithotomy, the same *modus operandi* can be employed, by dilating the anus and rectum, if necessary dividing the sphincter ani muscle, &c.

I have presented a knowledge of the different methods of operating here described, to many of the first surgeons of this city, all of whom have given it their high approbation, at the same time their thanks to the author ; several of them have introduced it into their lectures and demonstrated it to their classes ; among whom I may mention Professors Velpeau, Nélaton, Jobert (de Lamballe), Ricord, and Chassaignac. And more, M. Velpeau has offered to allow the author to perform, in the amphitheatre of La Charité, the first operation of this nature which will be presented in his wards. By invitation of M. Michou, one of the surgeons of La Pitié, the author demonstrated, upon the cadaver, his different methods of operating, before a number of invited spectators and a large class of students ; and in his succeeding lecture the professor spoke of it in the highest terms, and extended the same invitation that M. Velpeau had done.

After an operation, in which the bladder is involved, a catheter must be introduced and worn, so that no urine may collect, which, by distending the organ and coming in contact with the pared borders of the fistula, would prevent union. If the operation does not involve the bladder, the urine need only be drawn off at regular intervals by means of the catheter. For the first mentioned purpose, M. Charriére Son has had the following form of catheter made after my design, which may be worn with more comfort and less chance of being displaced than the ordinary instrument. (See figure 2.) It is a modification of the one invented and employed by Dr. Sims. The instrument, as I have modified it, is composed of silver, between three and four inches in length, and curved somewhat in the form of the letter S, that its extremity may not come in contact with the wound, and, by bruising it, interfere with the healing process. Its short length also prevents its making injurious pressure against any part of the wall of that viscus. The vesicular extremity (D), for the distance of an inch and a half, is furnished with four rows of holes, opposed to each other, of a line or more in diameter. About an inch and a half from the last holes, towards the vulvar extremity, are placed two rings (E), by which the catheter is secured in position by tapes attached to a band encircling the body. The vulvar extremity (F) is made very oblique, to facilitate the dropping of the urine, and around this extremity is placed a shoulder (G), above which is tied the neck of a gum elastic bag capable of containing a pint and a half of fluid, having at its opposite and depending sides another neck, to which is attached a stopcock, by which the bag may be emptied without disturbing the catheter, or any inconvenience to the patient. This urinary bag may be very conveniently supported by means of the suspensory bandage through which the stopcock is made to protrude. By this arrangement the following advantages are secured :—The catheter need only be removed often enough to be kept free of mucus and phosphatic accumulations, and the disposition to their deposit will be much lessened by preventing the entrance of air into the bladder through the catheter by this means. Also, by the use of the urinary bag the disgusting odor arising from the decomposition of the urine, in an open vessel, is prevented, as well as the inconvenience of such vessel in the necessary position. Again, after the removal of the operative means, it is necessary that the catheter be continued for some time, and great care exercised, lest the weak cicatrix be strained or lacerated. During this part of the treatment the urinary bag will be found especially convenient and necessary, as the patient need not then be confined to her bed. Upon the catheter behind the two rings (E) may be placed, very advantageously, a disk of gum elastic, the size of a franc, which will prevent the pressure of the rings against the soft parts of the patient ; and by the thickness of this disk of gum elastic, the length of the catheter in the bladder may be graduated, the organ always being much reduced in capacity, by reason of the loss of substance it has sustained, or its contracted condition, from being empty for a longer or shorter time.

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* American Journal of Medical Sciences, January, 1852.

The results of the author's investigations and deliberations upon the subject of Vaginal Fistulæ, as here embodied, will be read before the Academies of Medicine and Science, at one of the approaching sessions. The author also intends publishing, before long, a memoir upon the subject of Fistulæ in general, and their treatment.

On the Disease affecting the Inmates of the National Hotel, at Washington, D. C.

[No disease which has prevailed during the past Winter has excited more general interest, professional as well as popular, than that which appeared at one of the largest hotels in Washington, at a time when that city was crowded with strangers. Its causes have not been apparent or easily discovered, and at this time the opinions of physicians are divided upon the subject. *Miasm*, or more definitely speaking, *foul air*, has been blamed by some, while by others metallic poison has been suspected as the agent, and that it was administered intentionally has been intimated in some quarters. At the last meeting of the Academy of Medicine, of this city, a paper upon the subject was presented by Dr. James Wynne, of Baltimore, and will, we are sure, be read with interest by our subscribers, to whom we have the pleasure of presenting it by the courtesy of Dr. Wynne. We are also under obligations to the same gentleman for other papers collected by him, and not read at the meeting of the Academy.—*Eds.*]

It is a matter of public notoriety that, during the months of February and March, many of the inmates of the National Hotel, at Washington, were seized with an alarming, and in some instances fatal disorder, which, at the moment, gave rise to the most painful suspicions as to its origin and development. Some months have now transpired, during which the hotel has been taken possession of by the municipal authorities of Washington, and after an examination and report by the Board of Health, closed as a nuisance. The guests who were attacked by the disease have returned to their homes in various parts of the Union, and many are still laboring under the effects of the malady, or occasional relapses of more or less violence. The circumstances attending the onset of the disease, as well as its unyielding character, have served to excite public curiosity to an unusual degree, and to set afloat a great variety of rumors, which, if true, should be established, and if false disproved by the careful scrutiny of medical men. It is for this reason that I have brought the subject before this body, in the hope that the discussion which it may give rise to, will elicit from the distinguished members who compose it some solution in which the public mind may feel confidence, and be relieved from that painful distrust under which it now labors.

This hotel, long known as one of the most extensive and fashionable in the Union, and whose guests were ordinarily of the greatest respectability, is situated at the intersection of Pennsylvania avenue and Sixth streets, in a salubrious part of the Capital, and has, up to the period when it became so unfortunately conspicuous, enjoyed an excellent reputation for salubrity. In the latter part of January, during a period of extremely cold weather, Dr. James C. Hall, one of the most extensive and able practitioners of Washington, was called to visit a patient who occupied a room in the fourth story of the hotel, who was affected with diarrhœa, loss of appetite, and irritable stomach. This was one of the first cases of the disease. It was followed, in the early part of February, by many others of a like character in various parts of the house, from the domestics' kitchen to those having rooms remote, and without any connection with each other. The symptoms in all of these cases corresponded pretty nearly with each other, and seemed to indicate a common cause, to which all had been subjected. The attack almost invariably began in the morning, after the patient had retired to rest in apparent health, and was ushered in by profuse operations of a frothy character, accompanied by much flatus. Whenever the diarrhœa was checked by opiates or astringents, it was succeeded by vomiting, which in its turn was suspended by the renewal of the diarrhœa. There was some pain, but not that of acute inflammation ; thirst was excessive, and the desire for acid drinks great. It did yield readily to treatment, and was liable to frequent relapses.

The disease abated during the mild weather about the middle of February, and returned with increased violence with the cold weather which set in at the last of the month, and continued into March, during which time the house was crowded to repletion with guests attracted to Washington by the ceremony of the inauguration of Mr. Buchanan as President of the United States. Dr. Hall saw thirty or forty of these cases, and is clear in identifying the disease of March as the same as that which occurred in the earlier part of the season. Dr. Boyle, who likewise saw a large number of cases of this disease, fully corroborates the statement of Dr. Hall, both in regard to the circumstances under which disease appeared, and the character of the attack. Those who left the house after having contracted the malady suffered equally with those who remained, and so tenacious does it appear to be, that the residents of remote districts in the North and South are even now suffering from relapses, under the most diverse conditions of locality and climate.

Suspicion was naturally first directed to the food served at the table as the offending cause, and at the suggestion of some of the boarders a fresh supply of cooking utensils, tea, sugar, coffee, and milk were obtained. Mr. Alfred F. Goss, the steward, who testified to the above changes in the culinary department before the Committee of the Board of Health, asserted that the copper vessels were well lined and perfectly clean, and in better order than he had ever seen before, although he had been steward at the Revere House, in Boston, for five and a half years. Gautier, the chief cook, and one of the first and greatest sufferers, in his examination declared that the food was always of good quality, that he kept the keys of the meat-box, and that none but the cooks were present when the food was being prepared. All of these cooks, five in number, as well as many of the servants, suffered in common with the guests. At one time so many were indisposed as seriously to interfere with the regular duties of the house.

The testimony of Goss and Gautier in regard to the water, shows that the water tank is built of brick, lined with slate, and so completely closed that it was impossible for a rat or any other animal to enter it. This testimony was further corroborated by the personal examination of the Committee. It further appears, by the evidence of the steward and cook, that the water used when the disease appeared a second time, was procured from a different reservoir from that in use at the beginning of the attack. Upon this point the report states that,—

"Failing to detect the cause of the disease in these sources, the attention of the Committee was next directed to the hygienic condition of the house, and upon this point we have the testimony of Mr.

J. D. Fairbanks, Thomas McDowell, Charles Watson, A. F. Goss, J. T. Ferry, and others, as well as the intelligent observations of Drs. Hall and Boyle."

"Mr. J. T. Ferry, sewer builder, testifies that 'he examined the cellar of the hotel, and found an opening in the southwest corner, connecting with the sewer leading into the street, through which there was continually passing a current of fœtid gas, which nearly extinguished a candle held over the opening.' Previous to the trap being placed at the corner of the street, the current of air, he states, passed from the cellar into the sewer. These cellars are very damp (see A. F. Goss's testimony). Charles Watson, who is engaged in the barber's shop, testified that there is a door opening into the hotel from the shop, which is frequently open; that he has noticed a disagreeable odor in the shop (similar to that which arises from the sewer at the corner of Sixth and C streets), especially in the morning.

"The construction of the stench-trap at the corner of Sixth street and Pennsylvania avenue, by preventing the gases from escaping into the street, is considered the principal cause of the noxious gases passing into the cellar of the hotel. The boiler in the cellar, according to Dr. Hall, aided in distributing the fœtid gases through the building. In room No. 29 (second story), in which the Committee examined the witnesses, a register was found, which was said to communicate with the cellar, and from this an offensive odor could be distinguished, entering the room. Two of the Committee frequently recognized the offensive odor spoken of by Drs. Hall and Boyle in different parts of the building. The same fact is certified to by Mr. J. D. Fairbanks, Thomas McDowell, Alfred F. Goss, Charles Watson, &c."

"There was no evidence, in the opinion of Drs. Hall and Boyle, of anything like mineral poison having been taken into the stomach; there was no evidence of inflammation of the intestines. Both concur in regarding the disease as one of "blood poison," produced by the inhalation of a poisonous miasm, generated by animal and vegetable decomposition, which entered the hotel through the sewer connecting with the Sixth street sewer. As a further corroboration of this fact, we are assured that a peculiar and offensive odor pervaded the premises, and which was more decided in the halls than in the water-closets. This odor caused one of the physicians to become nauseated."

All of these facts seem conclusively to show that the food and water were not at fault, and to disprove entirely the supposition that poison in any shape, or of any kind, had been introduced into either, and had thus been partaken of by the inmates of the hotel. And, indeed, it is remarkable that this suspicion should have been entertained at all, more especially by medical men. It is useless, here, to enter into a description of the symptoms resulting from various poisons. I think that the members of the Academy will agree with me, that none resemble those which characterized the disease developed at this establishment.

Besides, although the number attacked were numerous, yet many escaped altogether, notwithstanding that they partook of food and drink in common with those who were less fortunate. This was especially the case with the lady visitors, among whom the relative number of attacks were less frequent than among those whose apartments were in that portion of the establishment especially appropriated to the use of gentlemen, and who could not have failed to experience some ill effects if they had partaken of bad or poisoned food. Dr. C. T. Jackson, of Boston, who was at Washington during the prevalence of the disease, very justly remarks that, "No chemical or reliable medical evidence has yet been adduced to prove that any one of the persons who were sick with this disease had taken poison of any kind into their stomachs."

Now the question arises, Can disease, presenting the characteristics of the one just described, be produced by putrid exhalations arising from defective sewerage, conjoined to deficient ventilation? If so, without the adduction of new evidence, the endemic must be attributed to this cause.

Dr., afterwards Sir John Pringle, the President of the Royal Society, than whom no man of his day was a more acute observer, in his observations on the diseases of the English troops in Flanders, says that whenever the marsh near which the army was stationed was foul with animal impurities, the soldiers were invariably seized with bowel irritation, amounting even to dysentery. This observation, made by this distinguished army surgeon, has been corroborated by the experience of every one having the medical care of bodies of garrisoned or field troops since his day. The experience of our own army in Florida, and more recently in Mexico, shows the great prevalence and malignity of bowel affections among those who are subjected to putrid exhalations. Nor is this confined to those who are confined to the wretched quarters of the soldiers of an army in time of war, or the illy ventilated apartments of the more wretched in populous towns, but often invades the luxurious dwellings of the more opulent classes. Dr. Rigby, in his evidence before the Health of Towns Commission, says that he has often been enabled to detect, by the sense of smell, the poisonous exhalations from sewers, in the more fashionable parts of London. He considers the sense of smell as very important to a physician. "A crafty nurse," says he, "may hide much from the eye, but she can conceal but little from the nose of a medical man who is at all experienced in these matters." He is clear in attributing an attack of puerperal fever, which seized the inmates of the lying-in hospital under his charge, to defective sewerage and ventilation. Dr. Guy, of King's College, is equally positive in tracing consumption to the same cause, and Dr. Southward Smith bears ample testimony of its power to produce fever. There are instances in which the attack from this cause assumes one or the other of these forms, and others in which two or more are conjoined. This was especially the case in the Croydon epidemic, which occurred in September, 1852. Mr. Granger, who was sent by the Board of Health to investigate the cause of the outbreak, and who, among other like causes attributed the epidemic to the effluvia which escaped from the gully holes of the old sewers, says, "Besides the attacks of fevers there was a large amount of diarrhœa." Mr. Thompson had 50 cases in his practice, all evidently attributable to, and forming a part of the epidemic. In the Croydon epidemic a leading characteristic of all the cases of fever was diarrhœa, and Dr. Granger says that in this outbreak, gastric disturbance, traceable to putrid effluvia, was uniformly present. A case nearly allied to this is that quoted by Christison, in his work on Poisons, of the school at Clapham :—

> "In August, 1831, twenty-two boys, living at a boarding-school at Clapham, were seized in the course of three or four hours with alarming symptoms of violent irritation of the stomach and bowels, cerbraltus of the muscles of the arms, and excessive prostration of strength. . . . A suspicion of accidental poisoning having naturally arisen, the various utensils and articles of food used by the family were examined without success ; and the only circumstance which appeared to explain the accident was, that two days before the first child took ill a foul cesspool had been opened, and the materials diffused over a garden adjoining to the children's playground. This was considered a sufficient cause of the disease by Dr. Spurgin and Messrs. Angers and Saunders, of Clapham, as well as by Drs. Latham and Chambers and Mr. Pearson, of London, who personally examined the whole particulars. Their explanation may be the only rational account that can be given of the matter. But, as no detail of their chemical inquiries was ever published, their opinion

cannot be received with confidence by the medical jurist and the physician, since it is not supported, so far as I am aware, by any previous account of the effects of hydro-sulphuric acid gas."

Dr. Wynne then read the following letter from Dr. Spurgin to Dr. Leeson, extracted from the Metropolitan Sanitary report :

My dear Dr. Leeson :—There are some inaccuracies in Dr. Christison's report, to wit : the date of the occurrence was in August, 1829, not in 1831. The first child I was called to was seized with violent abdominal pains on the night of Thursday, the 13th of August, accompanied by great prostration of strength, ending rapidly in death, for he had expired before my arrival at the house, which was about 6 o'clock on Friday morning. The death was ascribed to severe inflammation of the bowels. You may judge of my surprise on being called to the same house on the following Sunday morning, under precisely similar circumstances, excepting that the second boy died about two hours after my arrival. To all appearance, he was quite well the preceding evening. About 8 o'clock in the morning, another boy was reported sick, in pain, and prostrate ; then another and another, until I believe every boy in the school, with but one exception, was attacked before 9 o'clock. The alarm became very great and extended to all the neighborhood. I was unremittingly engaged in directing the measures that were pursued to combat the sickness, diarrhœa, and faintness. No description can convey an idea of the scene. The parents of the children, that could be summoned to the spot, the friends of others, and several female assistants, were rendering such aid as they could, but under great agitation and alarm, which it was extremely difficult to control. By 1 o'clock, the state of the children was such that it was thought desirable to send specially for Drs. Latham and Chambers, who arrived about 3 o'clock, and after their examination of the children, they gave it as their opinion that there was but little hope for the recovery of *thirteen* of the number ; and, indeed, such was the degree of prostration, with an absence of pulsation at the wrist, coldness of extremities, and sinking and pallor of countenance, that no other conclusion could be formed. However, by our perseverance in restorative measures, by the exhibition of calomel and opium, by hot fomentations, and poultices applied to the abdomen, by mustard cataplasms to the feet, reaction was at length established, and a rapid recovery ensued in all, excepting the two patients before mentioned, who happened to be the sons of the master of the school.

The post mortem examination was, of course, a matter of great interest to every medical man present, and particularly to myself, who never could assign all the importance to inflamed patches of the lining of the alimentary canal which has been the fashion in my day; for I regard them as effects rather than causes. The interior surface of the intestines presented here and there an irritated condition, but not so the stomach ; and consequently I could not conceive that there had been any deleterious mixture with the food.

As I had the immediate professional charge of the school, it was to my great satisfaction that I was able to disperse the children to their respective homes by 9 o'clock on the following morning. Several of the patients remained under my care for several days afterwards ; and it was this that afforded me the opportunity of tracing back to the most probable cause the mischief, by questioning one of the most intelligent of the boys to this end; from whom I learned that on the Tuesday preceding, viz: August the 11th, an old drain was accidentally discovered on some workmen digging near the house ; and as the inmates had often been annoyed by noxious smells, it was at once determined to have the drain emptied, and the contents of it spread over a part of the garden, for the sake of manuring it. In this operation the boys were engaged for that afternoon, in common with the workmen ; and though the stench was bad enough, yet none were deterred by it from lending a helping hand. One of the ushers of the school was affected on the Sunday for several hours, but not so grievously as were the children. The common workmen escaped the mischief ; but the two little boys who fell victims to the noxious exhalation, were observed to be particularly busy in the work of removal.

That this exhalation from the drain was the cause of the so-called cholera, I cannot entertain the slightest doubt ; but what the nature of the exhalation was, whether sulphuretted hydrogen gas, or any, to us, unknown gaseous agent, I cannot say. A remarkable circumstance to be noted is, the length of time it lay dormant in the system, answering, as it did in this respect, to the malaria, whence come remittent and intermittent fevers ; but whether sulphuretted hydrogen gas, as such, can, on its tainting the animal economy, present this singular phenomenon, is more within your power than in mine to determine. To me it is a question whether its effects are not more immediate and determinable. The instance in question presented not a positively *typhoid* feature ; the darkened tongue, the trembling limb, the suffused and heavy eye, the oppressed brain, the muttering, the delirium, the subsultus, were wanting. The disorder had more the character of a virulent English cholera, and as bearing upon the circumstances likely to favor the spread of the Asiatic form of cholera, I think the instance here presented is one of weighty consideration, because, tainted as the animal fluids may become by exhalations from drains and various filthy accumulations, they may be rendered less able to resist a more virulent taint like that which visited Europe in 1832–1833. In conclusion, allow me to observe, that the sanitary regulations now contemplated, and which are about to be quickly acted upon, desirable as they are, will yet lose much of their power, if unaccompanied by careful efforts on the part of every individual of the community to be themselves cleanly in their persons and habits, and especially in attending to all those rules of diet, regimen, and exercise, which are necessary to the maintenance of a healthy condition of body.

You may, my dear Sir, make what use you please of the above observations, or of any portion of them. We cannot but have one object in view in this most important inquiry, and this object is in faithful hands with yourself, as can at all times be testified by

Yours, with respect and regard,

John Spurgin.

Also the following interesting communication, addressed to him by Dr. Hall, of Washington, D. C. :—

Washington, May 4, 1857.

Dr. James Wynne,—*Dear Sir*:—Your letter of the 2d inst., received to-day, admits only of a brief and hurried reply. First, as regards the drainage of the city : The greater portion of it is superficial. The paved gutters are sufficient to carry off the water, but they are often foul from deposits of sand, soil, and trash, which are not as carefully and promptly removed as they should be. Still, I do not think they are decided causes of disease. The streets intersecting Pennsylvania Avenue, between the Capitol and the President's house, have in their centres capacious brick sewers, with openings which were not guarded by traps till last Fall. These sewers empty into the canal ; have from the avenue to the canal but a very slight fall ; receive the drainage from the streets, yards, and cellars, and from the water-closets of the large hotels, and some private houses, and are only cleansed after a heavy fall of rain. The effluvia from them is often most offensive and abundant. The National Hotel stands upon an alluvial soil, which at no very remote period was probably a marsh, and stands only a few feet above the tide level. The foundation of a large addition to the building, made a few years since, rests, I am informed, on timber. Its cellars, offices, wash-house, kitchen, privies, &c., &c., drain into a large sewer in the adjoining street. This sewer has a very insufficient fall, and serves two large hotels, three or four large livery-stables, a public bath-house, and a number of restaurants. The vents into this sewer were not, in my opinion, properly guarded in the hotel. At all events, one very large opening was found, not protected at all, and through which a most offensive air passed into the building. Beneath the ladies' breakfast-room, with an old and cracked floor, in a dark, damp, and close cellar, with much of the ceiling broken off, stood a large steam boiler, and the air in that room was always most offensive. There was no proper ventilation in any part of the house.

The "general number of guests in the house" I can only guess at, but I should think it may have been from three to four hundred. Perhaps one-fourth of these were attacked, including the successive arrivals. I have reason to think that I attended more than any other physician, and the greatest number I had at one time was eleven, I did not have under my care altogether more than forty. Many of the victims did not consult any physician, but took their own remedies or the medicine prescribed for their friends.

"How many have died?" and "what were the organic lesions?" No one, to my knowledge, has died in this place, nor have I heard of the death elsewhere of any patient that I saw. Hence the censure cast upon us by some all-wise editors that we have not made and reported our autopsies, is rather unreasonable. I was not the house-physician, or the physician of the proprietors; but at an early period I advised them to employ some one competent to examine and analyze the food, drink, and every possible source of disease. I had not the skill to do this myself. They did employ Dr. Antisell, who is *not* a practising physician, and the result of his inquiries you will find in the paper I send you to-day.

The disease was, in my opinion, *sui generis*. A man would go to bed in his usual health; he would have his usual rest. At daylight he would have an urgent call to stool; he would forcibly eject a pint of fluid of the consistency and color of boiled custard, yeasty and fermenting, usually in the beginning, without the least tenderness or pain, or vomiting. There would be no fever, and little or no constitutional disturbance of any kind. By breakfast time he would probably have four to six operations, and then usually there would be a reprieve. The next morning the same scene would be enacted, and then at a period varying from two days to a week, the stomach would be affected with nausea, vomiting merely of the ingesta, intense thirst, and loathing of food. If the disease persisted, tenderness and pain in the bowels, with an irritated pulse, would come on, but not in all the cases, for many had the diarrhœa for weeks without one sign of any inflammatory action. The most singular feature in the disease was the tendency to frequent relapses. Patients who had left the house would apparently get well and remain so for two, or even three weeks, and then, without any fresh exposure or any known adequate cause, have a recurrence of all the symptoms.

The cause of this singular endemic is hid in mystery. At first I naturally attributed it to something in the food or drink ; but when I found that persons living on every variety of diet, and others who frequented or slept in the house, but neither eat or drank there, were equally affected ; while on the other hand, many who lived, eat and drank there, escaped, I was driven to some other explanation. I could not believe that it was any mineral poison acting as a chemical irritant, for these reasons :—

One man would be attacked after eating a single meal ; another only after eating *many* meals, and others ate and drank indiscriminately and with impunity through the whole period of the disease. The bowels were primarily and mainly affected, and the stomach secondarily, not violently, and not invariably ; whereas I should expect a mineral poison to have expended its force in the first instance, and principally on the stomach. The symptoms, as denoted by the stools (which were never bloody, or mucous, and rarely serous), the degree and kind of pain, the pulse, the skin, the nervous sympathies, &c., were not such as would be produced by any mineral or vegetable poison with which I am familiar. And lastly, the abatement and cessation of all the symptoms with apparent recovery, and then their recurrence without any fresh exposure, is incompatible with the idea that the disease was an inflammation, softening, and ulceration of the mucous membrane. I have not time to state many other reasons that suggest themselves ; I would merely remark that the organic lesions revealed in the cases of Mrs. Adams of New York, and the Hon. Mr. Montgomery of Pennsylvania, may have been merely secondary results of a functional disease. My own conjecture, expressed with doubt and diffidence, is that the endemic diarrhœa of the National Hotel was caused by some noxious miasm, of the chemical nature of which I am utterly ignorant. And we can say no more of the causes of cholera infantum, cholera asphyxia, endemic dysentery, and intermittent fever, to say nothing of puerperal fever, and all the exanthemata. What chemist has yet caught and analyzed the *materies morbi* of those diseases. One fact I must mention. For the last two weeks of February the weather was very mild; the windows and doors of the hotel were thrown open, and during that time no new cases occurred. About the first of March the weather became very cold; the house was closed, and the disease broke out with increased violence. Again, some attributed their exemption to the habit of sleeping with open windows all the time. One thing, however, jostled my theory and has staggered me a good deal, and that is, that many persons who partook of but a single meal were seized! Could the miasm have affected or adhered to food? the water of the house I drank copiously without any ill effects. J. C. HALL, M.D.

SELECTIONS.

Quinine as a Prophylactic. By Dr. WILLIAM BALFOUR BAIKIE.

One of the greatest improvements in tropical medical practice, of late years, has been the employment of quinine, not as a curative agent, but as a prophylactic or preventive. For this we are mainly indebted to the exertions of Dr. Bryson, R.N., who also recommends not merely that it should be taken while in unhealthy localities, but that its use should be continued for a period of fourteen days after leaving such places, or during the average extent of the term of incubation. Attention to this has largely decreased both the mortality and the sickness of the African squadron to such an extent, as fully to justify our belief in this property of quinine. While up the Kwora, or Niger, in 1854, I had ample opportunities for testing this virtue, and must unhesitatingly record my belief in its existence. While in the Delta, and in swampy districts, it was regularly administered and its use continued for about a fortnight afterwards; and among twelve Europeans hardly any sickness occurred, during a stay of four months in what has hitherto been considered a most unhealthy river. It was taken the first thing in the morning to the extent of three or four grains, and occasionally it was repeated in the afternoon. On getting up at day-light a kind of craving for it was experienced, and after it had been swallowed it appeared to act as a slight stimulant; and, from my own individual experience, I can affirm, that, after swallowing my morning dose, all the languor of a close, damp, tropical night, was dispelled, and I felt fit for any kind of duty; or in the evening, after a hard day's work in a hot sun, nothing was so refreshing, so exhilerating, as this invaluable drug. So marked were its effects, that if Dr. Hutchinson placed, as he usually did, a bottle of the aqueous solution on the engine skylight, even the black portion of our crew used to come unbidden and help themselves to a little. As a prophylactic, the most pleasant mode of administration is in the form of solution in wine, either in port or in sherry, the latter being, perhaps, preferable. I have used bebeerine in a similar manner, and found it to answer very well. Sherry is employed for the "quinine wine" now supplied to the navy, which has for several years been made on the large scale with amorphous quinine. The only troublesome effect which I have observed from the continued administration of quinine is a tendency to rather obstinate constipation, but this can easily be guarded against by the occasional use of a laxative, such as a seidlitz powder. I am unable to say whether bebeerine is apt to produce a similar tendency. I had one opportunity of noting the action of a poisonous dose of quinine, as our steward helped himself one day, by mistake, to a wineglassful of a strong solution, containing about two drachms. This produced speedy vomiting, with great depression, weakness, and fluttering of the pulse, and epigastric pain. Stimulants had to be given, and, after the depression had passed off, relief was obtained by the application of counter-irritation over the stomach, and the internal administration of morphia, but headache and ringing in the ears continued for nearly two days.

It has been suggested that the constantly repeated use of quinine in this manner might, probably, gradually weaken its good effects, or render the recipient more or less insensible to its action. But such was not my experience; it seemed to be quite as active and potent at the last as at the first, and when the system was, so to say, tolerably saturated with the drug, the few cases of remittent fever which then supervened were of a very mild nature, and readily yielded to increased doses.—*Edinburgh Medical Journal.*

Glycerine as a vehicle, solvent or excipient in pharmaceutical preparations. By W. Lauder Lindsay, M.D.

I am indebted to the kindness of Mr. G. F. Wilson, of the firm of Messrs. Price & Co., London, for a most elegant, and, I venture to predict, a most useful series of medicinal preparations, in which glycerine is the solvent basis. They are as follows:—

1. *Glycerine with Quinæ Sulph.*—1½ grains to the fluid ʒi. A clear fluid, of a beautiful straw color, and intensely bitter taste.

2. *Glycerine with Quinæ Iodid.*—1 gr. to ʒi. A clear fluid, of a beautiful amber color, and intensely bitter taste.

3. *Glycerine with Ferri et Quinæ Citr.*—5 grs. to ʒi. A dull, opaque fluid, of a greenish yellow color, and strongly metallic or styptic taste.

4. *Glycerine with Ferri Iodid.*—5 grs. to ʒi. A clear fluid, of a beautiful lemon yellow color, and strongly ferruginous taste.

5. *Glycerine with Ferri Protocarb.*—8 times the strength of the Mist. Ferri Co. P. L. Opaque fluid, of a dark leek-green color, and pleasantly ferruginous taste.

6. *Glycerine with Ferri Ammonia-Citr.*—8 grs. to ʒi. Opaque fluid, of a dark iodine color, and slightly ferruginous taste.

7. *Glycerine with Ferri Perphosph.*—5 grs. to ʒi. Opaque fluid, of a milk-white color, and slightly ferruginous taste.

8. *Glycerine with Tannin.*—5 grs. to ʒi. Dull fluid, of a greenish color, and intensely, but pleasantly, styptic taste.

9. *Ioduretted Glycerine.* A syrupy fluid of an intensely dark iodine color ; apparently of greater strength than the ordinary tincture.

10. *Essence of Senna prepared with Glycerine.* A fluid resembling in color and taste the best syrup of senna, such as that made by Duncan and Flockart of Edinburgh.

11. *Essence of Rhubarb prepared with Glycerine.* A fluid resembling syrup of senna or the above preparation in color, and having the peculiar bitter taste of rhubarb.

12. *Glycerine with Lemon Juice*—in the proportion of equal parts. Opaque fluid, of a pale milk-white color, with a pleasantly acidulous taste, and a strong flavor of lemon.

13. *Essence of Lemon prepared with Glycerine.* A clear fluid, of a beautiful straw-yellow color, and with a delightful taste and flavor of lemon.

14. *Essence of Cinnamon prepared with Glycerine.* An opaque fluid, of a port-wine color, having a pleasant taste and flavor of cinnamon.

15. *Essence of Cloves prepared with Glycerine.* An opaque fluid, of a dark reddish-brown color, having a pleasant taste and flavor of cloves.

All of these preparations are like syrups. The solutions of the salts of quinine and iron are most elegant tonics, and very suitable for prescribing among the higher ranks of society ; the combination with tannin has already been used as a styptic with success ; ioduretted glycerine must take the place of the tincture of iodine as an endermic application ; the essences of senna and rhubarb are most suitable purgatives for children and ladies ; the combination with lemon juice might, if sufficiently cheap, become of great service in the navy, and, as it is, it may with advantage be used in private practice as an anti-scorbutic and refrigerant ; and the essences of lemon, cinnamon, and cloves, will doubtless become favorites alike with the pharmaceutist, the cook, and the confectioner. Several of the above preparations, and others of a similar nature, have for some time been advertised by various enterprising London druggists. Of these preparations, I may mention in particular the iodide and bromide of iron (dose about 1 to 2 fluid drachms), the iodide of iron and quina, and the iodide of quina, in solution in glycerine. Glycerine has been found as good a preservative of the metallic iodides as syrup, and I think is destined to supersede the latter as an excipient. *Ioduretted glycerine* has also been lately much used. The *Medical Times*, in its notices to correspondents, recommends it to be made by dissolving 1 part of iodide of potassium in 2 parts of glycerine, and then causing this fluid to take up or dissolve 1 part of iodine. Ordinary solvents take up a comparatively small quantity of iodine, with the single exception of alcohol ; and we have already seen that the tincture of iodine has several disadvantages, from which ioduretted glycerine is free. The ethereal solution is much stronger and more effectual, as an endermic application, than the tincture. It is sufficiently strong to blister the skin, and its action is attended or followed by severe pain. But it has the great disadvantage that the ether rapidly evaporates. In painting ioduretted glycerine over bronchoceles, bubos, strumous swellings, housemaid's knee, or otherwise applying it endermically, it is recommended to cover the affected part with gutta percha sheeting, oil skin, or some such material. This is not so much to prevent evaporation, as to prevent the liquid being removed by and staining the clothes of the patient, or the bed-clothes, if he is confined to bed. In this strong, or concentrated state, ioduretted glycerine has been used with success in lupus. The applications of glycerine in pharmacy are only being slowly developed. There is strong ground for believing that glycerine will ere long supersede, in many cases, alcohol and syrup, as solvents or excipients, in pharmaceutical preparations.—*Edinburgh Medical Journal.*

Lupulin in Affections of Urinary Organs.—Dr. Herzfelder, physician to the Jewish Hospital in Vienna, places great reliance in this drug in inflammatory and painful affections of the urinary passages. Administered in doses of from one to two grains six times daily, he finds that it diminishes the increased sensibility, and allays the pain, without producing stupor, cerebral congestion, or constipation. Its virtues in spermatorrhea first induced him to make trial of its powers. He has found also that, in less doses, it is the speediest remedy for curing nocturnal enuresis in children.—*Zeitschrift der Gesellschaft der Aertze zu Wein*, 1856. 3 and 4.

Hyosciamin.—Professor Schroff details some experiments which he has been making with the essential principle of henbane. He considers that it will be very serviceable as a sedative for cough, and as a means for procuring quiet sleep. As a hypnotic, it is inferior to morphia, especially when the sleeplessness is owing to severe pain ; but, unlike that drug, it promotes rather than retards the action of the bowels. He recommends its administration (mixed with powdered sugar), in doses varying from one-sixtieth to one-twentieth of a grain. He says that one-tenth of a grain is too large a dose. It has one very curious property, viz : more power in producing dilatation of the pupil than any other drug with which we are acquainted. There is no medicine which has such a rapid, intense, and continued action upon the iris. It is distinguished from atropin and daturin in being very soluble in water, which renders its application in the form of solution less irritating to the eye than daturin and atropin, which are only soluble in alcohol. If the solution of hyosciamin is intended to be kept for a considerable length of time, it is well to add a little alcohol to it, to preserve it from losing its virtue. The formula for such a solution given by Schroff, is one part of hyosciamin, ten parts of alcohol, and one thousand parts of water.—*Wien Wochenblatt*, 25-27. June, 1856.

Nitrate of Silver in Infantile Cholera.—Professor Mauthner places reliance on no other remedy in urgent cases of cholera in children. He orders an enema, every hour, of 2 grs. of the salt in ℥j. of distilled water, with a little oil; and he simultaneously administers, every four hours, a tablespoonful of a solution of 1 gr. of the nitrate in ℥ij. of aq. distill. The children take this mixture easily, and seldom vomit. The author admits, that in advanced cases, where the constitution of the blood is changed, even this treatment will be of no avail.—*Journal für Kinderk*, 5 and 6. 1856.—*Edinburgh Medical Journal.*

A New Anæsthetic.—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Professor Simpson stated that he had found the *Hydruret of Amyl* to possess strong anæsthetic properties. The hydruret of amyl was, like amylene, one of the many compounds of the organic radical amyl. The hydruret was discovered several years ago by Dr. Frankland of Manchester, who thought that if it could be applied in any way practically, as for lighting or other purposes, it would be found procurable at a cheap rate. It is colorless, and the lightest liquid known; it is tasteless, or nearly so. It is, besides, a very permanent compound, resisting the action of the strongest sulphuric acid, and of the most powerful oxidizing agents. It has a fruity agreeable smell, somewhat like that of chloroform, but weaker; whilst amylene, the other amylic compound shown by Dr. Snow to be anæsthetic, had, according to M. Gerhardt, the odor of putrid cabbage, "*de choux pourris.*" The hydruret of amyl with which Dr. Simpson made his experiments, was manufactured for him by the Messrs. Smith, Chemists, Duke Street.—*Edinburgh Medical Journal.*

On Infra-Mammary Pains. By PROFESSOR SIMPSON.

A local limited pain under the left mamma, more rarely under the right, is a species of suffering which is not unfrequently seen in the female sex, and it has been alluded to and described by various authors. Usually the seat of the pain is limited to a part not more extensive than a crown piece. Sometimes it spreads further, and circularly around the side. It is apparently seated in the soft parts covering the ribs, and principally in the integumental coverings. Often it co-exists with uterine disease. Sometimes it persists for weeks, months, and years, occasionally recurring in fits, more generally of a chronic, and more permanent nature. Many means have been suggested for its relief and treatment; as cupping and counter-irritating the corresponding portion of the vertebral column; applying leeches, blisters, sedatives, etc., to the affected part. Latterly, in a considerable number of instances, I have injected the subcutaneous tissue at the pained part with ten or twenty drops of the common solution of the muriate of morphia, or with a watery solution of the bimeconate of morphia, of the same strength, according to the plan ingeniously suggested by Dr. Alex. Wood for the cure of neuralgia. The results have been in most cases successful beyond my previous hopes. I have seen the pain at once disappear in a number of instances in which it had previously persisted for various lengths of time. In most a single morphia injection has sufficed ; in some it required to be repeated twice or oftener. The instances which have not yielded to this treatment have been relatively very few in number, compared to those in which it has succeeded ; and the measure is so simple and so generally effectual as, I believe, to deserve the attention of the Society.—*Edinburgh Medical Journal.*

HOSPITAL REPORTS.

Bellevue Hospital.

The Liquor Ferri Sesquinitratis, has been made use of recently in two cases in Dr. Barker's service, with very good results. This preparation of the metal appears to be more readily assimilated than almost any other, and to its tonic properties adds a decided degree of astringency, which make it very available in broken down constitutions, where there is an exhausting diarrhœa. The first of these cases is one of anæmia, in a woman twenty-two years of age, resulting from a hæmorrhagic condition of the uterus, following confinement, which drained the system of its vital fluid, rather by a prolonged oozing from the uterine mucous membrane than by any profuse and rapid loss of blood, and also from a diarrhœa accompanying it. On admission to the Hospital, her condition was one of extreme prostration ; she had frequent attacks of syncope ; her face was of marble pallor, not even the lips, tongue, or palpebral conjunctivæ evidencing the slightest degree of sanguification. She had a troublesome diarrhœa, and extreme irritability of the stomach, so that not only was the blood becoming daily more impoverished by the flow from the alimentary canal, but it was very difficult to submit to the process of digestion, food which would supply that loss, even if the assimilative powers of the system had been in a state to make use of it when prepared for their action. There were then four indications—1st, to check the drain ; 2d, to place the stomach in a condition to retain food ; 3d, to give that food in as large quantities and of as generous quality as could be borne ; and, 4th, to give with it some article which would present to the blood, in larger quanty than could be done by ordinary nourishment, that which the whole appearance of the woman most clearly indicated to be wanting, *Iron.*

The first of these appeared to be better answered than in any other way, by occasional enemata of the watery Extract of Opium in ice-water.

℞. Ext. Opii Aquos. - - gr. vi
Aq. - - - - ʒss M.
S. A teaspoonful, in half a teacup-full of iced-water, immediately after a stool.

Opium by the mouth was not well borne. The gastric irritability was conquered, and the tone of the organ improved by alternating small doses of morphia, with the nitromuriatic acid.

℞. Morphiæ Sulphatis - - gr. i
Aq. - - - - ʒij M.
S. A teaspoonful every two hours.
℞. Acidi Nitromuriatici - - ʒi
S. Ten drops three times a day.

The muriatic tincture of Iron was not tolerated by the stomach. This treatment had been pursued for a fortnight when she was first seen by Dr. Barker, and the above mentioned preparation prescribed.

℞. Liq. Ferri Sesquinitrat. - ʒj
S. Fifteen drops three times daily, after eating.

Although the tone of the stomach had somewhat improved at that time, she had still occasional attacks of diarrhœa and vomiting, and the pallor of the mucous membranes was as marked as ever. The remedy appeared to agree well with the stomach, and to exercise a decided control over the frequency of the evacuations. Her appetite improved rapidly, her spirits became more buoyant, her mind clearer, and now, three weeks since the commencement of the treatment, a faint rosy tint on the lips and tips of the fingers, like the first blush of morning, begins to herald to her the dawn of returning health.

The other case is one of chronic dysentery, of two years standing, in a woman thirty-five years of age, originally supposed, in consequence of a cough which preceded it, and ceased, after it had become established, to be tubercular.

During this entire period she has averaged from eight to sixteen stools per diem, generally containing mucus, rarely, for a year past, blood. She is very much prostrated, confined to her bed, quite anæmic and despondent. Suffers constantly from abdominal pains, and tenderness along the colon. Has taken, seriatim, all the opiates and astringents of the Pharmacopiœa, and has been under every regimen that can be devised, including the "raw meat chopped fine," on which she lived for several weeks. She has finally settled down on Opium pills, of one grain each, which she takes ad libitum,—her average being rather above than below a dozen in the twenty-four hours. She was put upon the Sesquinitrate, in the same doses as the other patient. The immediate effects of the article were most remarkable. After taking it for four days, her stools were reduced to two in the twenty-four hours, and the day following she had but one ; a state of things which she declares has not existed for two years. It is hardly to be expected that this remarkable amelioration of her sufferings can be, to this extent at least, permanent. Still it is sufficient to show a wonderful adaptability of the remedy to these cases of chronic diarrhœa with anæmia, and promises the patient decided relief. Dr. Barker's principal experience in the article in such cases, was derived from the treatment of several officers of our army who had contracted diarrhœa during the Mexican campaign, which appeared to be uncontrollable.

A case recently occurred in the Lying-in ward, particularly illustrative of the utility of continued and persevering efforts, in attempting the resuscitation of an asphyxiated child. The labor was a rapid one, the os dilating early, and was completed with the forceps by Dr. Warren, in consequence of a prolapse of the cord, in which, however, all pulsation had ceased before the delivery was effected. The child was to all appearance lifeless. Its muscular system was entirely relaxed, its surface dusky and bluish ; there was no respiration, and the heart-sound could not be detected. Notwithstanding these unpromising appearances, the child was immediately plunged alternately into hot and cold water, artificial respiration was made both by the mouth, and by Marshall Hall's plan. This consists in placing the individual on the side and rolling him gently and at regular intervals on the abdomen, and from the abdomen back to the side, thus producing alternate pressure and relief from pressure on the thoracic walls, and that of a degree of severity directly proportioned to the size of the individual. Friction to the body and limbs was used, with turpentine, brandy, and finally with chloroform. The last mentioned article appeared peculiarly effective, in restoring the capillary circulation. The first respiration did not take place until ten minutes after the treatment had been commenced, and there was an interval of at least two minutes before the second. In the course of twenty minutes, respiration took place six times in the minute, and from this time it continued with regularity until about fifty minutes after birth, when the function was fully established and the treatment discontinued. The points in the case are the persevering and unremitting use of means in the face of all reasonable ground for expectation, to which undoubtedly the child's life was due, and the efficacy of the chloroform as a revulsive and excitant.

The cases of pneumonia which have been admitted to the wards this Winter have been usually of the asthenic type. Indeed it is very rarely that a vigorous phlegmasia presents itself at the Hospital, and especially when the pulmonary tissue is the seat of attack. The contra-stimulant method of treatment, by tartrate of antimony and general blood-letting, would inevitably prove fatal in most of the cases, and very frequently stimulation of the most active kind is required from the first entrance of the patient; though it must be allowed that the disease has generally reached its second stage before the patient enters the Hospital.

The following cases will illustrate the mode of treatment usually adopted :—

A young woman, 25 years of age, of somewhat intemperate habits, and with the history of incipient phthisis, after having drunk hard for several days, and been much exposed, was seized with rigors, followed by fever, with urgent dyspnœa, and some pain in the chest. She was brought to the Hospital the second day after this attack. Her appearance was then expressive of immediately-impending suffocation; the body was bent forward, the eyes starting from their sockets, the face livid, the lips purple, and the nostrils pinched, their alæ working violently. The pulse was 140 in the minute, weak, and compressible, the respiration 50, and labored. The physical signs were: Dulness on percussion over the lower half of the right lung, and over the summit of the left lung, in front. Fine crepitus heard in both these situations. Bronchial râles over other parts of both lungs. Dry cups were immediately applied, thirty to the front of the chest, soon followed by as many behind. Carbonate of ammonia was prescribed.

R. Ammoniæ Carb. - - - ℈ij
Aq. Cinnamoni - - - ℥iv

S. A table spoonful at a time. In five grain doses every hour, with half an ounce of brandy, to be given at the same time.

Evident relief was experienced on the application of the cups, which were repeated in fewer numbers on the following day. From the moment that these measures were adopted, the improvement was steady. On the third day the countenance had lost its anxious expression, the pulse was fuller and stronger, and had gone down to 120, while respiration, though still frequent, 32 in a minute, was easy. The stimulus was continued day and night, at this rate, for four days, when it began to be gradually diminished. By the end of a week, respiration had fallen to 20, and the pulse to 80, dulness on percussion had very much diminished. At the end of the third week she was discharged cured.

Another case occurred in a woman 72 years of age. It was a pneumonia of the right lung, the upper three-fifths of the lung being consolidated at the time of admission. She was laboring greatly for breath. Her tongue was dry and brown, her skin hot, and her entire condition such as to render the prognosis extremely grave. The stimulant plan of treatment was immediately adopted, and pushed to its fullest extent, with the gratifying and unexpected result of the gradual, but steady and complete restoration of the patient's health, notwithstanding her extreme age.

Examples like these might be multiplied almost indefinitely from the Hospital records, and although the tone of the system of Hospital patients generally is undoubtedly much lower than that of the average class of private patients, there is little doubt that a useful hint may be gathered from them, with regard to the more decided early and fearless use of stimulus, and careful avoidance of extreme depression, even among patients whose habits and circumstances in life render them better able to withstand the onset of disease.

Two fatal cases of chorea have occurred in the wards this Spring, and as deaths from this disease are rare, a brief history of them may be of some interest. The first was in a girl, 15 years of age, naturally of irritable temperament, but vigorous constitution, and heretofore in excellent health. Two months before admission she was noticed to have an occasional twitching of the shoulders and tossing of the head, which was, however, attributed to childish petulance, her temper at the same time becoming more irritable. During the following month the choreic symptoms were gradually developed, and an occasional falling of the lid of the left eye was observed. At one period she complained of a violent pain in the head, which was followed by a considerable discharge (probably purulent) from the nostrils. Her memory now began to be somewhat deficient, and she complained of a sensation of numbness in the wrists. About the end of the second month she was seized with a violent pain in the right ears, from which she continued to suffer as long as she had the power of communicating with others. In three days from this attack, her convulsive movements become so violent as to be dangerous to herself. They were at this time still paroxysmal in their character. This feature had entirely disappeared by the time she was brought to the Hospital; the convulsions being then constant, universal, and distressingly violent. She was then very much prostrated, her pulse was small and quick, and tongue dry and brown along the middle. Chloroform exercised a decided control over the convulsions, and by it, in conjunction with morphia, a little sleep was procured. During the first twenty-four hours after admission, both food and stimulus were taken by the patient in small quantities, but subsequently to that deglutition became impossible. On the third day, the nervous energies seemed to be completely exhausted; the convulsions gradually grew less and less violent, and with their cessation, life was evidently ebbing. She died quietly the following morning. On post mortem examination the brain presented no abnormal appearance. The spinal cord exhibited small transverse corrugations, and papular elevations at intervals.

The second case occurred in a boy, of precisely the same age. Although in not quite so desperate a condition when brought to the Hospital, he became rapidly worse, and died in the course of a few days with almost precisely the same series of symptoms, and in the same manner as the former case. It was impossible to obtain any history of his disease previous to admission. A third case of the same disease has been presented in the person of a young pregnant woman, and with this peculiarity, that she is invariably attacked with it during pregnancy. Considerable benefit was derived in this instance, after other ferruginous preparations and Fowler's Solution had been tried without effect, from the use of the Valerianate of Iron, in grain doses, three times a day, in combination with Extract of Hyoscyamus.

An epidemic of Puerperal Peritonitis, or, more properly, Puerperal Fever, as the disease had fastened itself indifferently on the Peritoneum, the uterus externally or internally, the ligaments, or the ovaries, has lately made its appearance in the Lying-in Ward. Its peculiar characteristic has been its extreme insidiousness. The very slight degree of local disturbance, which seemed to be required to set up a general decadence and rapid destruction of the vital power. The entire want of local symptoms, pointing to this local disturbance, and the fearfully rapid manner in which the powers of nature succumbed to the poison in the blood, whether that be considered to be merely pus, or the more subtle principle on which the contagiousness of the disease depends, and which must be looked to as its first cause. For that there *is* a blood poisoning, the history of this epidemic would scarcely seem to leave a doubt. An idea of its character will be best given by a recital in brief of a few of the cases. The first that occurred was in a woman, 28 years of age, the mother of two children, who was taken in labor outside the Hospital, and was reported to have lost a considerable amount of blood before her entrance, which took place on the 28th of March. After admission the hæmorrhage was very slight. Her child was born in four hours, dead, but evidently at full term. Its death was supposed to be due to the reported hæmorrhage. She experienced, after the labor, certainly no more, perhaps rather less, than the usual degree of circumscribed tenderness over the uterine region, and no general abdominal tenderness. Her pulse, however, did not recover its quietness and tone, as it should have done after the excitement of labor passed off; but its weakness and frequency were attributed, as well as an occasionally hot skin and flushed cheek, which soon became permanent, to exhaustion and slight reaction, following the loss of blood, and so created at first no apprehension. Upon the fourth day after her confinement, her condition was remarkably comfortable. She complained of no pain or tenderness, or even uneasiness, had no chill or rigors, but was extremely prostrated, had a flushed cheek and anxious countenance, and a pulse, never below, often considerably above 120 per minute. Indeed, in her case as in nearly every one of them, a remarkable and startling feature was the utter unconsciousness of danger, and apathy even when made aware of it. Their condition could be likened only to that of one who has received some fearful injury, which has so completely destroyed the correspondence between the nervous centres and the periphery, that while the bystander looks on his mangled limbs and crushed body with horror, he himself feels no pain, apprehends no danger, and is even amused at the concern evidenced by others on his account. The same state of the sentient faculties is noticed in certain kinds of mental alienation, particularly in delirium tremens, as in the case on record at the New York Hospital, where a sailor went stumping it over the floors of the wards with the jagged end of his fractured tibia sticking into the boards every step, greatly diverted at his success in that remarkable mode of progression. So in these cases, the brain appeared utterly to fail in its duties as sentry on the watchtower of vitality, and to take no cognizance whatever of the fearful amount of disorganization which was going on within the limits of its jurisdiction. And these doomed women lay, with death written on their faces in that unmistakeable expression of Puerperal Fever, with death creeping through their veins, as evidenced by that fatally frequent, quick, and flickering pulse, with death crushing down their nervous energies, and turning their strength to utter weakness, and yet all unconscious of death, without a pang or an anxiety, smilingly answering to the Physician's inquiry, that they were "very well," "first rate," hoping soon to "go home," or to "go to the country," and wondering that the Doctor came to see them so often, and gave them so much medicine.

Of two or three of the cases at least, this is not in the slightest degree an overdrawn picture, and they all of them bore more or less resemblance to it. In the present case there was neither constipation nor diarrhœa, but on the afernoon of Monday, April 6th, she had a stool resembling, according to the nurse's description, laudable pus. Notwithstanding the free administration of stimulants, the pulse steadily increased in frequency, and diminished in force, while the respiration became daily more hurried, and the countenance more anxious. Shortly after the dejection just mentioned, vomiting came on, the matter thrown off being a dark greenish fluid, and continued steadily until death on the following morning.

The autopsy revealed metro-peritonitis of a severe grade. The abdominal cavity contained both pus and serum; the uterus and parts adjacent were covered with false membrane and patches of softened tissue, and the cavity of the uterus contained a dark mucous fluid which appeared under the microscope to consist of a little pus, blood, and epithelium. Its lining membrane was in a state of extreme congestion. A little pus was found in the pelvis of the right kidney, but in no other distant organ.

The next victim was a woman 25 years of age, the mother of one child, who was delivered of a living child after a labor of eleven hours. Shortly after was attacked by a diarrhœa, of some severity, which continuing, was soon accompanied by a quick, frequent pulse, and a flushed cheek, with occasional copious perspirations. She complained of no pain, had no abdominal tenderness, no marked chill, and her extreme hopefulness and cheerfulness served greatly to mask the anxious expression of her countenance. Little alteration took place, save a gradual loss of strength for ten days, when she for the first time vomited a small quantity of dark greenish somewhat grumous fluid. This was continued at intervals for two days, when it became very frequent, her extremities grew cold and clammy, her pulse rose rapidly, and she died in a state of collapse early the following morning. No autopsy.

In neither of these cases was milk secreted more than two days. In other instances the attack was more marked and noticeable, and being met by appropriate remedies was frequently overcome, and the life of the patient preserved. The following is one in point :

The patient was 23 years of age, the mother of one child, of short, stout, plethoric habits, and restless nervous temperament ; her labor was short and easy, her child living and vigorous. Twenty-four hours after confinement, was attacked by a chill, which was soon followed by decided tenderness in the hypogastrium, and quickened pulse, heat of skin, and great restlessness. Milk continued to be secreted, and the lochial discharge was not materially altered or diminished. Notwithstanding the free use of opiates, and a local depletion, the symptoms had so much and so rapidly increased in urgency, that by 9 P. M. of the following day, her pulse was strong, full, and bounding, numbering 140 beats per minute ; the heat of skin was excessive, the abdominal tenderness marked, and the respiration hurried. At this time the use of the Tincture of the Veratrum Viride was commenced, the remedy being administered in doses of ten to twenty drops every hour until a decided impression began to be made on the pulse, when it was given in smaller quantities. The morphia was continued, only sufficiently to procure sleep and lull pain. The result of this mode of treatment was that, by six o'clock the following morning, only nine hours after its initiation, the pulse was beating quietly and regularly *sixty* times per minute, and it was held at or near this point during the entire course of the disease, which terminated favorably in about a week. This combination of the two remedies, the morphia as a nervine and anodyne and cerebral stimulant, acting at the same time on the respiration, with the veratrum as a sedative and equalizer to the circulation, seems indeed, if the disease be appreciated and attacked sufficiently early, to be almost irresistible.

At the same time that the first cases of this disease were in progress in the Lying-in ward, two young women in distant wards, under treatment, the one for chronic nephritis, the other for the results of acute rheumatism, were strangely enough attacked within two days of each other with idiopathic peritonitis, of a very severe grade, and died after illnesses of three days each. In the former case the amount of inflammatory action, as evidenced by the autopsy, had been considerable, and showed that this was not the first attack. In the latter it was slight.

There are now under treatment two very aggravated cases of abscess, following Crural Phlebitis after parturition. In one of them, one gluteal region, in the other both are the seat of enormous collections of pus, which evidently burrowed down among the fibres of the muscle. In the one, the right leg corresponding to the gluteal abscess, was the seat of extensive suppuration, from the middle of the thigh down to the ankle, the pus being comparatively free, and in large abscesses with well defined walls, while in the other the left leg was similarly affected, except that there was more œdema, and the pus was more generally infiltrated throughout the cellular tissue. The treatment was of course supportive generally, with free incisions, followed by bandaging and compresses locally.

During a month past, several interesting operations have been performed before large classes.

By *Dr. Wood*, removal of a sebacious tumor from the scalp, of tumor from the vulva, &c.

By *Dr. Stephen Smith*, amputation of thigh, for railroad accident, ditto for necrosis ; *Syme's* operation on the foot (the second performed by him at the Hospital this Winter); for syphilitic disease and ligature of carotid of left side ; for malignant disease of the antrum.

EDITORIAL AND MISCELLANEOUS.

The first article of this number calls for a little explanation. From Dr. Barstow's introduction it will be seen that about six months ago Dr. Hays published an article in reply to one we printed three years since. Though full of errors, as Dr. Barstow clearly shows, the infallibility assumed by our amiable and respected contemporary admits of no correction of errors or acknowledgment of mistake, and therefore this article, which we now publish, could not be admitted by him. This is a queer course for an editor to pursue, according to our notions, but we do not need to comment upon it. The last number of the same periodical has a part of our article published in it, as we are aware under some pressure brought to bear upon the "*redaction*" of it, but still published. To be sure, it was quoted as having appeared "in a journal of limited circulation;" but now the readers of this journal of *unlimited* circulation have arrived at the point where our readers were three years since, unless, indeed, some of them take both journals. If we remember, there were about two thousand copies of the journal printed at that time and circulated. So that this, with the additional circulation given to the paper by copying into other journals, has enabled truth, for once, to get a little the start. We hope it will keep it, notwithstanding the unlimited circulation of our confrère is brought to the aid of falsehood.

The facts in the case are, we suspect, that the abhorrence of chloroform, which some of the profession in Philadelphia labor under, and which, till late, has excluded it from their hospital, if indeed, it is now admitted to be used there, together with the idea that he has caught us napping, tempted Dr. Hays to publish what he would, if left to his unprejudiced judgment, not thought of inserting. Well, instead of catching us, he has got caught himself, and we really must be excused for laughing at his unfortunate predicament. If he had had the courage to acknowledge himself in error, we should have been much better pleased; but that is of no importance to him,—and should have been spared the trouble of this explanation to our readers. Justice to a valuable medical agent, and justice to a worthy medical gentleman, both have induced us to insert this paper, rejected though it was by the great Unlimited.

If we thought it would do any good, we would suggest to our loving brother that he has come pretty near being caught in other traps, set with a similar tempting bait, and would advise him to use a little more caution. We certainly do hope that the next time he will make the "amende honorable" himself, so that we may be spared lengthy explanations.

—On Ascension Day (which fell this year on the 21st of May), the chapel of St. Luke's hospital in this city was opened with religious services. It is between the two wings of the building, occupying that portion which in most similar institutions is appropriated to the use of the officers and attendants. These are provided for by rooms situated upon the first floor while the second and third floors of the wings are occupied by the wards. The height, length, and width of these, admirably adapt them to the use of the sick. A full description of them is, however, postponed till they are complete for the purpose they are designed to fulfil. The Rev. Dr. Muhlenberg, to whose exertions the institution is largely indebted for its progress hitherto, gave an interesting statement of its condition and prospects, and this, with appropriate religious services, in which the Rt. Rev. the Provisional Bishop and other clergy took part, constituted the exercises of the occasion. From this address we learn that it is hoped that the hospital will be opened for the reception of patients by, or soon after, St. Luke's day (October 18th), till which time liberal contributions will be needed to equip it properly and completely.

In speaking of the peculiar feature of the hospital, that is, the religious, Dr. Muhlenberg said "it was right that the chapel should be opened before the wards, and that it should occupy the centre of the building, for Christianity preceded hospitals, these growing out of that, and still owing their value to it, and depending on it."

The institution was built by, and is under the management of, the Protestant Episcopal Church. As Dr. Muhlenberg said, "it was built to do good to the souls as well as the bodies of men. But no religious test will be required of applicants ; nor will the hospital be used as a means of proselytizing the sick. All will be admitted, provided only that they do not reject the ministrations of the Church. The religion taught will be Christianity in its true Catholicity, whole and undefiled."

Our own high opinion of the prominence given in this institution to religious teaching does not need to be repeated. The full discussion which we gave last year to hospital nursing, is we hope fresh in the minds of many of our readers. No doubt that in a year's time St. Luke's, with its two hundred patients, will have fully proved the correctness of the principle of its foundation, and the foolishness of separating so widely as usual the cure of the body from the cure of the soul.

—The American Medical Association met at Nashville according to announcement, and we had hoped to be able to give in this number a full account of the proceedings. Prevented from going ourselves, and deprived of our usual means of information, we must wait till the excellent medical journal of that city comes to us. We learn verbally that the session was a delightful one ; that the profession and people of Nashville exerted themselves to make everything pass off pleasantly, and succeeded perfectly. We do dare to repeat all the good things we have heard of it. The closing entertainment was a *ball.* We only wish it had been possible for us to be there.

The president was Dr. Eve. The vice-president, from this part of the country, was Dr. Reese *vice* Dr. Charles Hooker, who tried to get it. Two session schools were discussed with some plainness of speech. Hasty graduations, too, were talked of, and some rather tough yarns told. The next session is to be at Washington.

Is there any impropriety in our asking if it is necessary, or even wise, to make surgeons only into presidents? Why not give some chance to those who do not devote themselves to this speciality, but cultivate medical science without this limitation?

—New York seems, at the present time, to present an excellent opportunity for any one who can go into the publication of medical books. Enterprise, and ability in this business would be largely rewarded. This we say, having no book of our own to offer, but because we happen to have known of several books of value, some from Europe, which, of late, have here in vain sought a proper and desirable publisher. High percentages are not so important items to authors as business capacity, energy and promptness.

—The 12th annual meeting of the Association of Superintendents of American Institutions for Insane, was held in this city during last month. This Association is composed entirely of medical gentlemen, having charge of institutions for the treatment of the insane. The number of such institutions, both public and private, upon this continent, is fifty-seven, giving a total of more than 10,000 patients. These were represented in this association by about forty members. The sittings extended through four days,—the first two being entirely devoted to the reading and discussion of papers on the medical treatment of the insane, the causes of insanity, and subjects having a psychological bearing. The last days were partly passed in visiting the Asylums for the insane in and about New York. Sanford Hall at Flushing, the New York City Asylum at Blackwell's Island, and the Bloomingdale Asylum were visited, and the delegates were pleasantly entertained at each of these institutions.

From the rapidly increasing number of this sadly afflicted class of patients, the movements of this Association become endowed with unusual interest. It is gratifying to witness the change in opinion and action as regards the coercive treatment of the insane, and it is with pleasure we call attention to the views expressed by one of the members in a paper upon the medical treatment of insanity, which elicited a warm discussion. It is too generally thought that little or no medical treatment is necessary or of avail in this form of disease, but if it be considered as a disease at all, why should it not in many instances be amenable to a proper medical treatment.

Among other papers read at the meeting, we present a running abstract of a few as reported by the secretary of the association.

Dr. Tyler, of the New Hampshire Asylum, read a paper on the "Care of the Violent Insane," which was followed by an interesting discussion in regard to the kind and amount of personal or muscular restraint which is best calculated to promote the comfort and restoration of the insane of all classes. The prevailing opinions of the members of the association were strongly to the effect that no class of patients should be confined in cells, but in chambers as large and as inviting in their construction as those for the convalescent; that the seclusion of the violent insane, by day, should be infrequent, and generally of the briefest practicable duration; and that neither muscular restraint nor seclusion should ever be subject to the judgment and control of subordinate officers or attendants.

Dr. McIlhenney read a paper on "some of the causes that are productive of insanity," which gave rise to a wide and important discussion of the subject of hereditary causes of insanity and those thought to be incident to that deterioration both of mental and physical constitution which is incident to the progress of modern civilization.

Dr. McFarland, of the Illinois State Hospital, read an interesting paper upon the mental and moral condition of persons who, in various instances, have been saved to give an account of their experiences, after protracted contemplation of death from exposure and starvation. The cases of the horrid displays of selfishness and crime that occurred during the siege of Jerusalem, the plague in London, and also after the wreck of the French transport Medusa, were contrasted with the interesting experiences of a party of coal miners, who, for more than two weeks, were buried in the inner chamber of a mine in the valley of the Muskingum river, Ohio. It appeared that these persons during their confinement, from which they had abandoned every hope of release, maintained a self-sacrificing attachment for each other most marked and interesting, thus disproving the oft-repeated assertion, that the social bond is merely one of selfishness and supported only by considerations of social accountability. It appeared that long abstinence from food and their despair of release brought on a peculiar form of insanity in two of them, marked by a great heightening of the power of the imagination. During the existence of this peculiar insanity their imaginations were filled with visions of richly spread feasts, of rare dainties, and of the repeated presence of their friends. They were finally released, after more than fourteen days of imprisonment, and the paper read was in a great measure quoted from their own words, recorded just after their rescue.

This curious psychological effect of prolonged hunger upon the imagination meets its parallel in the narrative of Lieut. Strain, who with his companions in the Darien Expedition, passed through all the horrors of a living death, from gradual and prolonged abstinence from food. Our readers who may have seen the graphic account as given by Mr. Headley in Harper's Monthly, will find another instance in this paper by *Dr. McFarland.*

Dr. Gray read a narrative of the personal history of John Wesley Lyman, a homicide, who killed Cornelius Carman, on the 28th day of December, 1856, near Fort Hamilton, L. I., and who was absolved from trial on a preliminary investigation into his state of mind, and who is now a patient in the State Asylum at Utica, and unquestionably insane. This man had been partially insane for many years and thought himself subject to spiritual influences and impositions. This case was regarded by *Dr. Gray* and the members of the association generally to be an example of a class of cases which are frequently thought to exist, and who are allowed to go at large, subjecting the best citizens of the community to the hazards of homicide.

Fears were expressed by *Drs. Kirkbridge, Butler, Fonerden,* and others, that patients in our institutions subject to homicidal impulses were allowed to use axes and other tools, which they are liable to use as weapons of personal violence.

Drs. Butler and *Jarvis* related the cases of persons subject to insane or homicidal impulses, who had warned their friends against giving them a liberty which they at times considered themselves liable to abuse.

Dr. Ranney, appointed last year to report upon the medical treatment of insanity, read a paper upon that subject. It stated that in insanity no new faculties are created, but those already existing are modified by the conditions of exaltation, depression or perversion, while the type of the different varieties of disease may be found in the normal state of the mind. This consideration affords important aid in distinguishing one form of mental disease from another. I shall first refer to acute mania. The physiological type of this disease is given more nearly in anger marked by violence than in any other state of mind. The leading characteristics are impassioned moral and intellectual exaltation—the one exhibited by perversion, the other by delusion—the rapid flow of ideas, violent gesticulation, disposition to overturn or destroy the furniture of the room, sleeplessness, and a wild expression of the eye and countenance, betray-ing great disquiet of mind. Undoubtedly the word acute mania recalls a certain grouping of symptoms, and conveys more accurate notions of the condition than would the minute description of an individual case ; since by abstraction, the essentials in particular instances have been selected and combined to form the general idea. As for the medical treatment, a careful examination must be made into the general condition of the system as well as the functional disturbance of any organ that might affect the brain. The success of the following treatment depends much upon the care exercised in this duty. The patient, so far as possible, must be excluded from all excitement. In most cases the condition of the stomach and bowels are disordered, to correct which an active cathartic should be prescribed.

The report went on to specify the daily medical treatment of the patient. If it continued at the time of admission, the patient be emaciated and apparently prostrated, either morphine or opium is given directly after the warm bath. Under these circumstances a full diet ; and if with restlessness and high excitement, an anæmic state of brain is believed to exist, a supply of meat rich in fat is liberally furnished ; beer and milk punch take the place of other drinks. My attention was first called to the use of quinine by a paper read before this association three years ago by *Dr. Tyler* ; since then I have often used quinine in cases of the recurrent form with decided success. In many the lucid intervals was prolonged, the paroxysm less severe, and in a few instances complete recovery was the result.

Melancholia, the lypomaina of Esquirol, is another form of mental disease readily recognized. The elementary type is found in fear, sorrow, or grief, as exhibited by a mother in the loss of a child, or when impending calamity hangs over her offspring. The peculiar marks which distinguish this affection are exaltation of the sentiment of sorrow, entire concentration of mind on one idea or class of ideas, and an inability to direct the attention to anything not immediately connected with that which wholly absorbs the mind. It is frequently dependent on some bilious or uterine derangement, and in the selection of medicines attention should be directed particularly to this fact. The report further described the medical treatment and symptoms of this and other forms of insanity.

A question arose about the use of antimony and blood-letting to quiet vicious or highly excited cases of insanity. It was discussed with some warmth, but the general opinion was against their use.

Dr. Kirkbridge said that though he had treated about 3,000 patients, he never used blood-letting for insanity; where he had seen it used he thought its effect was very injurious.

—Some months since we gave our readers some items of medical interest from St. Petersburg, now we quote from Lieut. Burton a sketch of medicine in Cairo:—

After lodging myself in the Wakálak, my first object was to make a certain stir in the world. In Europe, your travelling doctor advertises the loss of a diamond ring, the gift of a Russian autocrat, or he monopolizes a whole column in a newspaper, feeing perhaps a title for the use of a signature; the large brass plate, the gold-headed cane, the rattling chariot, and the summons from the sermon, complete the work. Here there is no such royal road to medical fame. You must begin by sitting with the porter, who is sure to have blear eyes, into which you drop a little nitrate of silver, whilst you instil into his ear the pleasing intelligence that you never take a fee from the poor. He recovers; his report of you spreads far and wide, crowding your doors with paupers. They come to you as though you were their servant, and when cured turn their backs upon you for ever. Hence it is that European doctors generally complain of ingratitude on the part of their Oriental patients. It is true that if you save a man's life he naturally asks you for the means of preserving it. Moreover, in none of the Eastern languages with which I am acquainted, is there a single term conveying the meaning of our "gratitude," and none but the Germans have ideas unexplainable by words. But you must not condemn this absence of a virtue without considering the cause. An Oriental deems that he has a right to your surplus. "Daily bread is divided" (by heaven) he asserts, and eating yours he considers it his own. Thus it is with other things. He is thankful to Allah for the gifts of the Creator, but he has a claim to the good offices of a fellow creature. In rendering him a service you have but done your duty, and he would not pay you so poor a compliment as to praise you for the act. He leaves you, his benefactor, with a short prayer for the length of your days. "Thank you," being expressed by "Allah increase thy weal!" or the selfish wish that your shadow (with which you protect him and his fellows) may never be less. And this is probably the last you hear of him.

There is a discomfort in such proceedings, a reasonable, a metaphysical coldness, uglily contrasting in theory with the genial warmth which a little more heart would infuse into them. In theory, I say, not in practice. What can be more troublesome than, when you have obliged a man, to run the gauntlet of his and his family's thanksgivings. "To find yourself become a master from being a friend," a great man where you were an equal; not to be contradicted, where shortly before every one gave his opinion freely. You must be unamiable if these considerations deter you from benefiting your friend, yet, I humbly opine, you still may fear his gratefulness.

To resume. When the mob has raised you to fame, patients of a better class will slowly appear on the scene. After some coquetting about "etiquette," whether you are to visit them or they are to call upon you, they make up their minds to see you, and to judge with their eyes whether you are to be trusted or not; whilst you, on your side, set out with the determination that they shall at once cross the Rubicon,—in less classical phrase, swallow your drug. If you visit the house, you insist on the patient's servants attending you; he must also provide and pay for an ass for your conveyance, no matter if it be only to the other side of the street. Your confidential man accompanies you, primed for replies to the "fifty searching questions" of the "servants' hall." You are lifted off the saddle tenderly, as nurses dismount their charges, when you arrive at the gate, and you waddle up stairs with dignity. Arrived at the sick room, you salute those present with a general "peace be upon you!" to which they respond, "and upon you be the peace and the mercy of Allah, and his blessing!" To the invalid you say, "There is nothing the matter, please Allah, except the health;" to which the proper answer—for here every sign of ceremony has its countersign—is, "may Allah give thee health!" You then sit down and acknowledge the presence of the company by raising your right hand to your lips and forehead, bowing the while circularly; each individual returns the civility by a similar gesture. Then inquiry about the state of your health ensues. Then you are asked what refreshment you will take: you studiously mention something not likely to be in the house, but at last you rough it with a pipe and a cup of coffee. Then you proceed to the patient, who extends his wrist, and asks you what his complaint is. Then you examine his tongue, you feel his pulse, you look learned, and—he is talking all the time—after hearing a detailed list of all his ailments, you gravely discover them, taking for the same as much praise to yourself as does the practising phrenologist, for a similar simple exercise of the reasoning faculties. The disease to be respectable must invariably be connected with one of the four temperaments, or the four elements, or the "humors of Hippocrates." Cure is easy, but it will take time, and you, the doctor, require attention; any little rudeness it is in your power to punish by an alteration in the pill, or the powder, and, so unknown is professional honor, that none will brave your displeasure. If you would pass for a native practitioner, you must then proceed to a most uncomfortable part of your visit, bargaining for fees. Nothing more effectually arouses suspicion than disinterestedness in a doctor. I once cured a rich Hazramaut merchant of rheumatism, and neglected to make him pay for treatment; he carried off one of my coffee cups, and was unceasingly wondering where I came from. So I made him produce five piastres, a shilling, which he threw upon the carpet, cursing Indian avarice. "You will bring on another illness," said my friend the Haji, when he heard of it. Properly speaking the fee for a visit to a respectable man is 20 piastres, but with the rich patient you begin by making a bargain. He complains, for instance, of dysentery and sciatica. You demand 10*l.* for the dysentery, and 20*l.* for the sciatica. But you will rarely get it. The Eastern pays a doctor's bill as an Irishman does his "rint," making a grievance of it. Your patient will show indisputable signs of convalescence : he will laugh and jest half the day ; but the moment you appear, groans and a lengthened visage, and pretended complaints welcome you. Then your way is to throw out some such hint as

> "The world is a carcass, and they who seek it are dogs."

And you refuse to treat the second disorder, which conduct may bring the refractory one to his senses. "Dat Galenus opes," however, is a Western apothegm : the utmost "Jalinus" can do for you here is to provide you with the necessaries and the comforts of life. Whatever you prescribe must be solid and material, and if you accompany it with something painful, such as rubbing unto scarification with a horse brush, so much the better. Easterns, as our peasants in Europe, like the doctor to "give them the value of their money." Besides which, rough measures act beneficially upon their imagination. So the Hakim of the King of Persia cured fevers by the bastinado ; patients are beneficially baked in a bread-oven at Bagdad ; and an Egyptian at Alexandria, whose quartan resisted the strongest appliances of European physic, was effectually healed by the actual cautery, which a certain Arab Shaykh applied to the crown of his head. When you administer with your own hand the remedy—half-a-dozen huge bread pills, dipped in a solution of aloes or cinnamon water, flavored with assafœtida, which in the case of the dyspeptic rich often suffice, if they will but diet themselves—you are careful to say, "In the name of Allah, the compassionate, the merciful." And after the patient has been dosed, "Praise be to Allah, the curer, the healer ;" you then call for a pen, ink, and paper, and write some such prescription as this :—

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"In the name of Allah, the compassionate, the merciful, and blessings and peace be upon our Lord the Prophet, and his family, and his companions one and all ! But afterwards let him take bees-honey and cinnamon and album græcum, of each half a part, and of ginger a whole part, which let him pound and mix with the honey, and form boluses, each bolus the weight of a miskal, and of it let him use every day a miskal on the saliva. Verily its effects are wonderful. And let him abstain from flesh, fish, vegetables, sweetmeats, flatulent food, acids of all descriptions, as well as the major ablution, and life in perfect quiet. So shall he be cured by the help of the King the Healer. And the peace."

The diet, I need scarcely say, should be rigorous ; nothing has tended more to bring the European system of medicine into contempt among Orientals than our inattention to this branch of the therapeutic art. When an Indian takes cathartic medicine, he prepares himself for it by diet and rest two or three days before its adhibition, and as gradually after the dose, he relapses into his usual habits; if he break through the regime it is concluded that fatal results must ensue. The ancient Egyptians, we learn from Herodotus, devoted a certain number of days in each month to the use of alteratives, and the period was consecutive, doubtless in order to graduate the strength of the medicine. The Persians, when under salivation, shut themselves up in a warm room, never undress, and so carefully guard against cold that they even drink tepid water. When the Afghan princes find it necessary to employ Chob-Chini (the Jinseng, or China root, so celebrated as a purifier, tonic, and aphrodisiac), they choose the Spring season; they remove to a garden, where flowers and trees and bubbling streams soothe their senses; they carefully avoid fatigue and trouble of all kinds, and will not even hear a letter read, lest it should contain bad news.

When the prescription is written out, you affix an impression of your ring seal to the beginning and the end of it, that no one may be able to add to or to take from its contents. And when you send medicine to a patient of rank, who is sure to have enemies, you adopt some similar precaution against the box or the bottle being opened. One of the Pashas whom I attended—a brave soldier, who had been a favorite with Mohammed Ali, and therefore was degraded by his successor—kept an impression of my ring in wax, to compare with that upon the phials Men have not forgotten how frequently, in former times, those who became obnoxious to the State were seized with sudden and fatal cramps in the stomach. In the case of the doctor it is common prudence to adopt those precautions, as all evil consequences would be charged upon him, and he would be exposed to the family's revenge.

Cairo, though abounding in medical practitioners, can still support more; but they must be Indians, or Chinese, or Maghrabis, to thrive. The Egyptians are thoroughly disgusted with European treatment, which is here about as efficacious as in India—that is to say, not at all. But they are ignorant of the medicine of Hind, and therefore great is his name; deservedly perhaps, for skill in simples and dietetics. Besides which the Indian may deal in charms and spells—things to which the latitude gives such force that even Europeans learn to put faith in them. The traveller who, on the banks of the Seine, scoffs at Sights and Sounds, Table-turning and Spirit-rappings, in the wilds of Tartary and Thibet sees a something supernatural and diabolical in the bungling *Sie-fa* of the *Bokte.* Some sensible men, who pass for philosophers among their friends, have been caught by the incantations of the turbaned and bearded Cairo magician. In our West African colonies the phrase "growing black," was applied to colonists, who, after a term of residence, became thoroughly imbued with the superstitions of the land. And there are not wanting old English Indians, intelligent men, that place firm trust in tales and tenets too puerile even for the Hindus to believe. As "Hindi" I could use animal magnetism, taking care, however, to give the science a specious supernatural appearance.

Haji Wali, who, professing positive skepticism, showed the greatest interest in the subject, as a curiosity, advised me not to practise pure mesmerism; otherwise, that I should infallibly become a "Companion of Devils." "You must call this an Indian secret," said my friend, "for it is clear that you are no Mashaikh, and people will ask where are your drugs, and what business have you with charms?" It is useless to say that I followed his counsel; yet patients would consider themselves my Murids, and delighted in kissing the hand of the minor saint.

The Haji repaid me for my docility by vaunting me everywhere as the very phœnix of physicians. My first successes were in the Wakálah. Opposite to me there lived an Arab slave dealer, whose Abyssinians constantly fell sick. A tender race, they suffer when first transported to Egypt from many complaints, especially consumption, dysentery, and varicose veins. I succeeded in curing one girl. As she was worth at least fifteen pounds, the gratitude of her owner was great, and I had to dose half a dozen others, in order to cure them of the pernicious and price-lowering habit of snoring. Living in rooms opposite these slave girls, and seeing them at all hours of the day and night, I had frequent opportunities of studying them. They were average specimens of the steatopygous Abyssinian breed, broad-shouldered, thin-flanked, fine-limbed, and with haunches of a prodigious size. None of them had handsome features, but the short curly hair that stands on end being concealed under a kerchief, there was something pretty in the brow, eyes, and upper part of the nose, coarse and sensual in the pendent lips, large jowl, and projecting mouth, whilst the whole had a combination of piquancy with sweetness. Their style of flirtation was peculiar.

"How beautiful thou art, O Maryam!—what eyes!—what—"

"Then why," would respond the lady, "don't you buy me?"

"We are of one faith—of one creed—formed to form each other's happiness."

"Then why don't you buy me?"

"Conceive, O Maryam, the blessing of two hearts—"

"Then why don't you buy me?"

And so on. Most effectual gag to Cupid's eloquence! Yet was not the plain-spoken Maryam's reply without its moral. How often is it our fate in the West, as in the East, to see in bright eyes, and to hear from rosy lips, an implied, if not an expressed, "Why don't you buy me?" or worse still, "Why can't you buy me?"

All I required in return for my services from the slave-dealer, whose brutal countenance and manners were truly repugnant, was to take me about the town, and explain to me certain mysteries in his craft, which knowledge might be useful in time to come. Little did he suspect who his interrogator was, and freely in his unsuspiciousness he entered upon the subject of slave hunting in the Somali country and Zanzibar, of all things the most interesting to me. I have nothing new to report concerning the present state of bondsmen in Egypt. England has already learned that slaves are not necessarily the most wretched and degraded of men. Some have been bold enough to tell the British public, that, in the generality of Oriental countries, the serf fares far better than the servant, or indeed than the poorer orders of freemen. "The laws of Mahomet enjoin his followers to treat slaves with the greatest mildness, and the Moslems are in general scrupulous observers of the Prophet's recommendation. Slaves are considered members of the family, and in houses where free servants are kept besides, they seldom do any other work than filling the pipes, presenting the coffee, accompanying their master when going out, rubbing his feet when he takes his nap in the afternoon, and driving away the flies from him. When a slave is not satisfied he can legally compel his master to sell him. He has no care for food, lodging, clothes, and washing, and has no taxes to pay ; he is exempt from military service and soccage, and in spite of his bondage is freer than the freest Fellah in Egypt." This is, I believe, a true statement, but of course it in nowise affects the question of slavery in the abstract.

A certain amount of reputation was the consequence of curing the Abyssinian girls : my friend Haji Wali carefully told the news to all the town, and before fifteen days were over I found myself obliged to decline extending a practice which threatened me with fame.

—We take the following from the *Medical and Surgical Reporter*, as fairly and forcibly expressing our own sentiments. We do this the more readily because we have also seen some of our articles, for which we paid, not only copied into other journals, but in the process of transfer, finally credited to other sources than our own pages :

> We wish our contemporaries to understand that whatever is published in the pages of the *Reporter* is for the benefit of the profession. We claim no copyright protection for anything that sees print from our pen, or through our influence by this channel, and are always happy when exchanges find anything in our pages which they deem of sufficient value to copy—*provided only*, that due credit is given us for whatever is copied. We have had reason to complain, not so much that *no* credit is given for articles copied from our pages, but that it is given to foreign journals, or to some of our excellent American contemporaries.

—Through the courtesy of the editors of the *Nashville Journal of Medicine and Surgery*, we have received advanced sheets of that journal, containing the proceedings of the late session of the American Medical Association. It comes too late to be of use this month. We can only state, that among those appointed on special committees, we find the names of Drs. Jenkins, Corson, Sims, Isaacs, Barker, Reese, Wood, and Prof. St. Johns, all of New York, who are to report at the next meeting. If they all report, as we hope they may, New York will carry off the palm at Washington next year.

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